

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90043 022 \*\*\*150.00

**DOCUMENT # P92000005578**

1. Entity Name

CHESEBRO ENTERPRISES, INC.



Principal Place of Business

950 GULF SHORE DR  
DESTIN FL 32541

Mailing Address

PO BOX 898  
DESTIN FL 32540-0898



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number 59-3151219

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLEET, H B  
FLEET, SPENCER, MARTIN & KILPATRICK, PA  
1104 EGLIN PARKWAY  
SHALIMAR FL 32579-0000

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME: D  
STREET ADDRESS: CHESEBRO, GARY  
CITY- ST- ZIP: 950 GULF SHORE DR.  
DESTIN FL 32541 ☐ Delete

TITLE  
NAME: T/S  
STREET ADDRESS: Chesebro, Suzanne  
CITY- ST- ZIP: 411 Spanish Moss Trails  
Destin, FL 32541 ☐ Change ☒ Addition

TITLE  
NAME: ☐ Delete  
STREET ADDRESS:  
CITY- ST- ZIP:

TITLE  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS:  
CITY- ST- ZIP:

TITLE  
NAME: ☐ Delete  
STREET ADDRESS:  
CITY- ST- ZIP:

TITLE  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS:  
CITY- ST- ZIP:

TITLE  
NAME: ☐ Delete  
STREET ADDRESS:  
CITY- ST- ZIP:

TITLE  
NAME: ☐ Change ☐ Addition  
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CITY- ST- ZIP:

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NAME: ☐ Delete  
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TITLE  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS:  
CITY- ST- ZIP:

TITLE  
NAME: ☐ Delete  
STREET ADDRESS:  
CITY- ST- ZIP:

TITLE  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS:  
CITY- ST- ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.27.07 850.837.7171

Date

Daytime Phone #