


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000072164
1. Entity Name
EASTWOOD PLAZA OF CHIEFLAND, INC.



Principal Place of Business Mailing Address
1925 NORTH YOUNG BLVD 13375 205TH AVE
CHIEFLAND, FL 32626 BIG RAPIDS, MI 49307

DO NOT WRITE IN THIS SPACE



01162005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-3289703 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MUTCH, SAMUEL A
2114 N.W. 40TH TERRACE
SUITE A-1
GAINESVILLE, FL 32605

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOGOIAN, RUPERT JR 13375 205TH AVE BIG RAPIDS, MI 49307
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOGOIAN, RUDY R III 13375 205TH AVE BIG RAPIDS, MI 49307
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Rudy Bogorian III Rudy BOGORIAN - PD 1/16/2005 (410)602-2241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #