

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000025837

FILED  
Apr 10, 2007  
Secretary of State

Entity Name: CHITESTER MANAGEMENT SYSTEMS, INC.

## Current Principal Place of Business:

5017 W. LAUREL STREET  
TAMPA, FL 33607 US

## New Principal Place of Business:

## Current Mailing Address:

5017 W. LAUREL STREET  
TAMPA, FL 33607 US

## New Mailing Address:

FEI Number: 59-3310448

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MCNAMARA, THOMAS P  
2909 BAY TO BAY BLVD  
SUITE 3090  
TAMPA, FL 33629 US

## Name and Address of New Registered Agent:

MCNAMARA, THOMAS P  
2909 BAY TO BAY BLVD  
SUITE 3090  
TAMPA, FL 33629 US

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.

SIGNATURE:

04/10/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DST ( ) Delete  
Name: CHITESTER, DAVID D  
Address: 5017 W. LAUREL STREET  
City-St-Zip: TAMPA, FL 33607

Title: D ( ) Delete  
Name: CHITESTER, KATHLEEN M  
Address: 5017 W. LAUREL STREET  
City-St-Zip: TAMPA, FL 33607

Title: DP ( ) Delete  
Name: CHITESTER, TIMOTHY R  
Address: 5017 W. LAUREL STREET  
City-St-Zip: TAMPA, FL 33607

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DV ( ) Change (X) Addition  
Name: ALLEN, MICHAEL K  
Address: 5017 W. LAUREL STREET  
City-St-Zip: TAMPA, FL 33607

Title: D ( ) Change (X) Addition  
Name: DREESSEN, THOMAS K  
Address: 5017 W. LAUREL STREET  
City-St-Zip: TAMPA, FL 33607

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY R CHITESTER

P

04/10/2007

Electronic Signature of Signing Officer or Director

Date