

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 24, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000006622

1. Entity Name  
CHAKAM PRODUCTIONS COMPANY



Principal Place of Business  
411 WALNUT STREET  
1832  
GREEN COVE SPRINGS, FL 32043

Mailing Address  
411 WALNUT STREET  
1832  
GREEN COVE SPRINGS, FL 32043



02202005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3355456

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

SMITH, ADAM G  
411 WALNUT STREET  
1832  
GREEN COVE SPRINGS, FL 32043

**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 Adam G. Smith  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

Feb 21, 2005  
DATE

**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

U000000241411  
02/24/05-80040-024 158.75

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME SMITH, ADAM G  
STREET ADDRESS 411 WALNUT STREET, #1832  
CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043

TITLE V  
NAME ODOM, LORA  
STREET ADDRESS 411 WALNUT STREET, #1832  
CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043

TITLE D  
NAME HELGOE-SMITH, RORY  
STREET ADDRESS 411 WALNUT STREET, #1832  
CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: Adam G. Smith Adam G. Smith Feb 21, 2005  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #