


FILED
Mar 15, 2004 8:00 am
Secretary of State

02-26-2004 90011 021 ***150.00

DOCUMENT # P96000088766				02-26-2004 90011 021 ***150.00	
1. Entity Name CONFUSED CHAMELEON, INC.					
Principal Place of Business 11528 ANDY ROSSE LANE CAPTIVA, FL 33924 US		Mailing Address POST OFFICE BOX 1000 CAPTIVA, FL 33924			
2. Principal Place of Business		3. Mailing Address		66406170	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01262004 Chg-P CR2E034 (10/03)	
City & State		City & State		4. FEI Number 65-0680303	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOMBARDO, CARMEN J 11528 ANDY ROSSE LANE CAPTIVA, FL 33924				7. Name and Address of New Registered Agent Dave Owens 695 Tarpun Bay Road #5 Sanibel FL 33957	
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 Constantine Stratos DATE 2/17/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOMBARDO, CARMEN 15060 TAMARIND CAY CT FT MYERS, FL 33908	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BP STRATOS, CONSTANTINE 11528 ANDY ROSSE LANE CAPTIVA, FL 33924	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STRATOS, CONSTANTINE 11528 ANDY ROSSE LANE CAPTIVA FL 33924 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOMBARDO, BANESSA 15060 TAMARIND CAY CT FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Constantine Stratos DATE 2/17/04 (239) 472-0560 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					