

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000015803

FILED
Apr 24, 2005
Secretary of State

Entity Name: CHIEFLAND GOCART PARK, INC.

Current Principal Place of Business:

12310 N.W. 62ND TERRACE
CHIEFLAND, FL 32626

New Principal Place of Business:

Current Mailing Address:

PO BOX 2269
CHIEFLAND, FL 32644

New Mailing Address:

PO BOX 2269
CHIEFLAND, FL 32644 US

FEI Number: 59-3494718

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHEWING, GLENN C
12310 NW 62ND TERR
CHIEFLAND, FL 32626 US

Name and Address of New Registered Agent:

CHEWNING, GLENN C SOLE OW
12310 NW 62ND TERR
CHIEFLAND, FL 32626 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: GLENN C CHEWNING

04/24/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CHEWNING, GLENN
Address: 12310 NW 62ND TERR
City-St-Zip: CHIEFLAND, FL 32626

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CHEWNING, GLENN C SOLE OW
Address: 12310 NW 62ND TERR
City-St-Zip: CHIEFLAND, FL 32626 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GLENN C CHEWNING

OWNE

04/24/2005

Electronic Signature of Signing Officer or Director

Date