

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2004 8:00 am
Secretary of State

09-13-2004 90009 019 ***150.00

DOCUMENT #P98000041034 11. Entity Name CHELLE, INC.																							
(Principal Place of Business) 9995 RIVER DR GIBSONTON, FL 33534 <i>P.O. Box 253</i> <i>Gibsonton FL 33534</i>			(Mailing Address) PO BOX 253 GIBSONTON, FL 33534																				
2. (Principal Place of Business) 11011 Hwy 41 S.		3. (Mailing Address) Suite, Apt. #, etc.																					
City & State Gibsonton FL		City & State Suite, Apt. #, etc.		4. FEE Number 59-3536994																			
Zip 33534		Country US		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																			
6. Name and Address of Current Registered Agent DAY, DONALD W 4935 RIVER DRIVE GIBSONTON, FL 33534				7. Name and Address of New Registered Agent Name Donald W Day Street Address (P.O. Box Number is Not Acceptable) 11011 Hwy 41 S. City Gibsonton FL Zip Code 33534																			
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 (Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE																							
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004			9. Election Campaign Financing Trust/Fund Contribution: ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																				
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: center;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</th> </tr> </thead> <tbody> <tr> <td style="width: 50%; padding: 5px;"> TITLE P NAME DAY, DONALD W STREET ADDRESS 10011 KENDA DR. CITY-STATE-ZIP RIVERVIEW, FL 33569 </td> <td style="width: 50%; padding: 5px;"> TITLE Day Donald W NAME 11011 Hwy 41 S. STREET ADDRESS Gibsonton FL 33534 CITY-STATE-ZIP Gibsonton FL 33534 </td> </tr> <tr><td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-STATE-ZIP</td><td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-STATE-ZIP</td></tr> <tr><td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-STATE-ZIP</td><td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-STATE-ZIP</td></tr> <tr><td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-STATE-ZIP</td><td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-STATE-ZIP</td></tr> <tr><td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-STATE-ZIP</td><td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-STATE-ZIP</td></tr> <tr><td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-STATE-ZIP</td><td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-STATE-ZIP</td></tr> <tr><td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-STATE-ZIP</td><td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-STATE-ZIP</td></tr> </tbody> </table>						10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		TITLE P NAME DAY, DONALD W STREET ADDRESS 10011 KENDA DR. CITY-STATE-ZIP RIVERVIEW, FL 33569	TITLE Day Donald W NAME 11011 Hwy 41 S. STREET ADDRESS Gibsonton FL 33534 CITY-STATE-ZIP Gibsonton FL 33534	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TITLE NAME STREET ADDRESS CITY-STATE-ZIP
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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: Donald W Day 8-23-04 836711587 (Signature typed or printed name of signing officer or director) Date (Daytime Phone)																							