2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

DOCUMENT # P98000043765							Feb 23, 2004 08:00 AM Secretary of State			
1. Entity Name CHICO-DEE ENTERPRISES INC							Secretary	oi Stat	e	
0111000										
Principal Plac	ce of Business	Mailin	Mailing Address							
	ACK CIRCLE NGE FL 32124		15 BLACKJACK CIRCLE PORT ORANGE FL 32124							
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2. Principal F	Place of Business	3. Mai	3. Mailing Address			-				
Suite, Apt.	#, etc	Suit	Suite, Apt. #, etc.				MOORE CREEK	34 (11/03)		
City & Stat	le	City	City & State			4. 5	FEI Number 59-3511467	-	Applied For Not Applicable	
Zφ	Country	Zıp	Zıp Co		ntry	5. Certificate of Status Desired		\$8.75 A		
	6. Name and Address of Cu	d Agent		Name	7. 1	Name and Address of New Register	ed Agent			
CHUSKO, GEORGE 15 BLACKJACK CIRCLE					Street Address (P.O. Box Number is Not Acceptable)					
PORT ORANGE FL 32124										
					City			Zip Co	de	
	named entity submits this statest tions of registered agent.	ent for the purp	ose of changing it	s register	ed office or registi	ered ag	ent, or both, in the State of Florida. To		n, and accept	
SIGNATURE	Signature typed or printed name of registere	d anast and tilts if any	deable 820	IF Rometura	id Agent signatura requir	art where re	olnstation) DA1	TF		
			, realize , realize	ar nagaire	resident advances sedu-		37.	- <u>-</u>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State							Election Campaign Financing Trust Fund Centribution.	\$ 5.	00 May Be ed to Fees	
10.	OFFICERS AND DIRECTORS					AD	DITIONS/CHANGES TO OFFICERS A			
TITLE NAME	PD Delete CHUSKO, GEORGE			TITL NAM	i.	☐ Change ☐ Addition HANAAAAAA71				
STREET ADDRESS CITY-ST-ZIP	15 BLACKJACK CIRCLE PORT ORANGE FL 32124			STR	ET ADDRESS -ST-ZIP		U000000631 7 1 02/23/ 04 -8014 9- 02 4 1 50.00			
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CITY-ST-ZIP	and the shadely interest and		dana ant access to		-ST-ZIP		140 OTTONIC Clayles Cranutas 15 ml	and that the	information	
indicated indicated of the co- changed	certify that the information supplie if on this report or supplemental re appration or the receiver or trustee i, or on an attachment with an add	o with this filling port is true and empowered to ress, with all off	does not quality to accurate and that execute this report for like empowered	rine exe my signa t as requi	implion stated in State the third shall have the ired by Chapter 66	section seme 37, Flori	119.07(3)(i), Florida Statutes, I further legal effect as if made under oath; the ida Statutes; and that my name appear	t i am an office is in Block 10	er or director or Block 11 II	

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