


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90062 019 ***150.00

DOCUMENT # P98000057756					
1. Entity Name CHACKOMATT CORPORATION					
Principal Place of Business 13025 HWY 301 S RIVERVIEW FL 33569			Mailing Address 13025 HWY 301 S RIVERVIEW FL 33569		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3518674	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CHACKO, MATHEW T 3923 APPLE TREE DRIVE VALRICO FL 33594				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHACKO, MATHEW T 3923 APPLTREE DRIVE VALRICO FL 33594		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT SYMON, PALLIKUNNEL A 1017 TUSCANNY ST BRANDON FL 33511	
Delete	<input type="checkbox"/>		Change Addition	<input type="checkbox"/> <input checked="" type="checkbox"/>	
Delete	<input type="checkbox"/>		Change Addition	<input type="checkbox"/> <input type="checkbox"/>	
Delete	<input type="checkbox"/>		Change Addition	<input type="checkbox"/> <input type="checkbox"/>	
Delete	<input type="checkbox"/>		Change Addition	<input type="checkbox"/> <input type="checkbox"/>	
Delete	<input type="checkbox"/>		Change Addition	<input type="checkbox"/> <input type="checkbox"/>	
Delete	<input type="checkbox"/>		Change Addition	<input type="checkbox"/> <input type="checkbox"/>	
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: <u>Mathew T. Chacko</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: <u>2/5/04</u> Daytime Phone #: <u>813-677-0001</u>					



MOORE CR2E034 (11/03)