


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P980Q0069695		
1. Entity Name C & H VENTURES OF NAVARRE, INC.		
Principal Place of Business 9272 LILGE CIRCLE NAVARRE, FL 32566		Mailing Address 9272 LILGE CIRCLE NAVARRE, FL 32566
DO NOT WRITE IN THIS SPACE		
		04142005 No Chg-P CR2E034 (10/03)
		4. FEI Number 59-3528006
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable
		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
FLEMING, EDWARD P 4300 BAYOU BLVD., STES. 12 & 13 PENSACOLA, FL 32503		DO NOT WRITE IN THIS SPACE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BOOTHE, ELECIA C 9256 NEWMAN RD ELBERTA, AL 36530	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTS BONNELL, PATRICIA J 9272 LILGE CIR NAVARRE, FL 32566	
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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: <u>Patti Bonnell</u>		4-14-05 850-939-5712
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #