


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000020047 1. Entity Name CHATTIN CLUSTER CORP.	
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Principal Place of Business 664 OAKFIELD DR BRANDON, FL 33511	Mailing Address 664 OAKFIELD DR BRANDON, FL 33511-5715
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DO NOT WRITE IN THIS SPACE



04142004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3719267	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MCDERMOTT, MICHAEL J ESQ 791 W. LUMSDEN RD BRANDON, FL 33511

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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 renewing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHATTIN, JESSE 7901 S. 49TH AVE TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARTIN, JOE 2323 VALRICO FOREST DR VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KORTE, DONALD N 507 DESIREE DR BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIDGEWAY, DANNY 19501 PINE VALLEY DR ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MISIAZEK, ANNE 11005 HANAWAY DR RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000119373
04/19/04-80096-018 150.00

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IN THIS SPACE**

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:  4-14-04 813-689-8124
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #