

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 12, 2007 08:00 AM
Secretary of State**

DOCUMENT # P99000021032

1. Entity Name

CHADICK & ASSOCIATES, INC.



Principal Place of Business

1110 JUNG BLVD. EAST
NAPLES, FL 34120-3438

Mailing Address

1110 JUNG BLVD. EAST
NAPLES, FL 34120-3438



01102007 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3560964

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CHADICK, SUSAN B
1110 JUNG BLVD. EAST
NAPLES, FL 34120-3438

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME CHADICK, WILLIAM D
STREET ADDRESS 1110 JUNG BLVD. E.
CITY-ST-ZIP NAPLES, FL 34120

TITLE VP
NAME CHADICK, SUSAN B
STREET ADDRESS 1110 JUNG BLVD. E.
CITY-ST-ZIP NAPLES, FL 34120

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

1100000583906
01/12/07-80015-019 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Susan B. Chadick SUSAN B. CHADICK 1-10-07 239-353-9350