2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State
07-12-2004 90022 031 ***160.00

DOCUMENT # P99000063083

1. Entity Name
CHANTELY CORPORATION

54061470

Principal Place of Business	Mailing Address
10502 NILE COURT TAMPA, FL 33615	P.O. BOX 262258 TAMPA, FL 33685

05202004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
10502 NILE COURT	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA FL	City & State
Zip: 33615 Country: HILLSBOROUGH	Zip Country

4. FEI Number: 59-3600086 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ORLANDO, RECHILDA M 10502 NILE COURT TAMPA, FL 33615	Name: Street Address (P.O. Box Number is Not Acceptable): 10502 NILE COURT City: TAMPA FL Zip Code: 33615

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: R. M. Anastasiou ~ Orlando 06-30-2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ORLANDO, RECHILDA M		NAME		
STREET ADDRESS	10502 NILE COURT		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33615		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: R.M. Orlando RECHILDA M. ORLANDO 06-30-2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

5406147 0

Attachment

PP0000063083 07-07-2004

To whom it may concern

I am enclosing a annual Report for Chantely Corp. I do not understand why our application was returned, for it was forwarded before expiration date. I had called your office in April of 2004 and spoke with someone within your office that our application would be accepted as long, as it had a postmark before the expiration date. On July 6th. 2004, I called your office again and spoken with someone within your office. They had advised me that the application needed a signature and that our annual Report would be accepted without having to pay the additional fee. I have been very sick since the beginning of the new year and it has been some weeks that I have been attending to matters of concern. If you need evidence of what doctors I have seen please let me know.

Thank you for your time in this matter.

Respectfully

R. L. Anastasio