

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90053 042 \*\*\*150.00

**DOCUMENT # P99000063405**

**1. Entity Name**

**CHIEF INVESTMENTS FLORIDA, INC.**



**Principal Place of Business**

**1655 27TH STREET  
SUITE 2  
VERO BEACH FL 32960**

**Mailing Address**

**1655 27TH STREET  
SUITE 2  
VERO BEACH FL 32960**

**94033609**



**MOORE CR2E034 (11/03)**

**2. Principal Place of Business**

**3. Mailing Address**

**2614 Cardinal Drive**

**Suite, Apt. #, etc.**

**Suite, Apt. #, etc.**

**City & State**

**City & State  
Vero Beach FL**

**4. FEI Number 65-0944158**

**Applied For  
Not Applicable**

**Zip Country**

**Zip Country**

**32963**

**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**

**WILLIAMS, ANDREW W  
1655 27TH STREET  
SUITE 2  
VERO BEACH FL 32960**

**Name**

**Street Address (P.O. Box Number is Not Acceptable)**

**City**

**FL**

**Zip Code**

**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 reinstating)

**DATE**

**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. ☐**

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE PD ☐ Delete**  
**NAME WUNDERLICH, ALVIN W JR**  
**STREET ADDRESS 4921 WILLIAM ARNOLD ROAD**  
**CITY-ST-ZIP MEMPHIS TN 38117**

**TITLE ☐ Change ☐ Addition**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE VD ☐ Delete**  
**NAME WUNDERLICH, ALVIN W III**  
**STREET ADDRESS 5188 WHEELIS DRIVE**  
**CITY-ST-ZIP MEMPHIS TN 38117**

**TITLE ☐ Change ☐ Addition**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE VD ☐ Delete**  
**NAME WUNDERLICH, G KENY**  
**STREET ADDRESS 6305 HUMPHREYS BLVD, SUITE 100**  
**CITY-ST-ZIP MEMPHIS TN 38120**

**TITLE ☐ Change ☐ Addition**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE VD ☐ Delete**  
**NAME WILLIAMS, ROBIN W**  
**STREET ADDRESS 2614 CARDINAL DR.**  
**CITY-ST-ZIP VERO BEACH FL**

**TITLE ☐ Change ☐ Addition**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE VAS ☐ Delete**  
**NAME WUNDERLICH, PHILIP S**  
**STREET ADDRESS 6305 HUMPHREYS BLVD, SUITE 310**  
**CITY-ST-ZIP MEMPHIS TN 38120**

**TITLE ☐ Change ☐ Addition**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE VS ☐ Delete**  
**NAME WILLIAMS, ANDREW W**  
**STREET ADDRESS 2614 CARDINAL DR.**  
**CITY-ST-ZIP VERO BEACH FL 32963**

**TITLE ☐ Change ☐ Addition**  
**NAME**  
**STREET ADDRESS**  
**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 an officer like empowered.**

**SIGNATURE:**

*Andrew W. Williams*

**Andrew W. Williams**

**3/16/04 772-299-7633**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #