


2005 FOR PROFIT CORPORATION - ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State


04-22-2005 90292 011 ***150.00

DOCUMENT # P99000073595	
1. Entity Name CHALCOPYRITE INVESTMENTS, INC.	

Principal Place of Business 994 LAKE DESTINY ROAD SUITE 102 ALTAMONTE SPRINGS, FL 32714	Mailing Address 994 LAKE DESTINY ROAD SUITE 102 ALTAMONTE SPRINGS, FL 32714
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2. Principal Place of Business 24525 CR 44A	3. Mailing Address P.O. Box 520
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Eustis, FL	City & State Sorrento, FL
Zip 32736	Zip 32776
Country Lake	Country Lake

	
04182005	Chg-P
CR2E034 (10/03)	
4. FEI Number 59-3603179	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

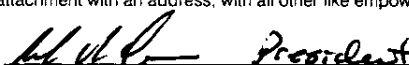
6. Name and Address of Current Registered Agent FORD, ALBERT E II 994 LAKE DESTINY ROAD SUITE 102 ALTAMONTE SPRINGS, FL 32714	
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7. Name and Address of New Registered Agent Name Ford, Albert E. II Street Address (P.O. Box Number is Not Acceptable) 270 Waymont Ct., Suite 110 City Lake Mary FL Zip Code 32746	
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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 	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARSON, MARK 994 LAKE DESTINY RD SUITE 102 ALTAMONTE SPRINGS, FL 32714 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Carson, Mark P.O. Box 520 Sorrento, FL 32776 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  President	Date 4-16-05 Daytime Phone # 382-357-5180