2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 07, 2005 08:00 AM Secretary of State

DOCUMENT # P99000092557 1. Enity Name CHANCHAL CORPORATION	-		Secretary of State	
Principal Place of Business 8507 OLD CR 54 NEW PORT RICHEY, FL 34653 Mailing Address 8507 OLD CR 54 NEW PORT RICHEY, FL 34653				
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent		030420 4. FEI NI 59-3		
GUNVANT, PATEL 8507 OLD CR 54 NEW PORT RICHEY, FL 34653		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 typod or printed name of registered agent and title it applicable (NOTE Registered Agent signature reinstating) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
10. OFFICERS AND DIRECTORS			The state of the s	
PATEL, GUNVANTBHAI STADDRESS 8507 OLD CR 54 NEW PORT RICHEY, FL 34653		U00000252809 03/07/05~80009-019 150.00		
NAME PATEL, MINABEN STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34653				
NAME STREET ADDRESS CITY-ST-ZIP		D	O NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u>IV</u>	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE 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 all other like empowered.				
SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Proper				