



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90092 023 ***150.00

DOCUMENT # P99000096921 1. Entity Name TREVOR CHALKIE'S, INC.					
Principal Place of Business 925 A COURTENAY MERRITT ISLAND, FL 32953			Mailing Address 1429 COUNTY LINE RD. OAK HILL, FL 32759		
2. Principal Place of Business 925 N. Courtenay Suite 1-6 Merritt Island, FL 32953 USA		3. Mailing Address 925 N. Courtenay Suite 1-6 Merritt Island, FL 32953 USA			
4. FEI Number 59-3627750		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				01072005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent MORTON, ELSIE 1429 COUNTY LINE RD. OAK HILL, FL 32759			7. Name and Address of New Registered Agent Name Richard C. Chamberlain Street Address (P.O. Box Number is Not Acceptable) 3576 Rose Dr. Rockledge FL 32955		
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 <u><i>Richard C. Chamberlain Jr</i></u> Richard C. Chamberlain Jr 4/7/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORTON, ELSIE 1429 COUNTY LINE RD. OAK HILL, FL 32759	<input checked="" 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	S CHAMBERLIN, RICHARD 356 ROSE DR ROCKLEDGE, FL 32955	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S Chamberlain, Richard 3576 Rose Dr. Rockledge, FL 32955 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D clarence morton 1429 county line rd Oak Hill, FL 32759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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: <u><i>Richard C. Chamberlain Jr</i></u> Richard C. Chamberlain Jr 4/7/05 321-917-2214 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					