

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000109662

Entity Name: CHACAD, INC.

FILED
Jan 03, 2007
Secretary of State

Current Principal Place of Business:

11218 HUTCHISON BLVD
PANAMA CITY, FL 32407

New Principal Place of Business:

2310 S. HWY 77
SUITE 300
LYNN HAVEN, FL 32444 US

Current Mailing Address:

2310 S. HWY 77
SUITE 300
LYNN HAVEN, FL 32444 US

New Mailing Address:

FEI Number: 59-3614921 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ATCHISON, DAVID W
3201 WOOD VALLEY ROAD
PANAMA CITY, FL 32405 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ATCHISON, DAVID W
Address: 3201 WOOD VALLEY ROAD
City-St-Zip: PANAMA CITY, FL 32405

Title: VTD () Delete
Name: ATCHISON, CAROL
Address: 3201 WOOD VALLEY ROAD
City-St-Zip: PANAMA CITY, FL 32405

Title: SD (X) Delete
Name: ATCHISON, CHERALYN
Address: 3201 WOOD VALLEY ROAD
City-St-Zip: PANAMA CITY, FL 32405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VSTD (X) Change () Addition
Name: ATCHISON, CAROL W
Address: 3201 WOOD VALLEY ROAD
City-St-Zip: PANAMA CITY, FL 32405

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL W. ATCHISON

VSTD

01/03/2007

Electronic Signature of Signing Officer or Director

Date