

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # V08277

1. Entity Name
CHINLE DEVELOPMENT, INC.



Principal Place of Business
**1001 E. ATLANTIC AVE.
SUITE 202
DELRAY BEACH, FL 33483 US**

Mailing Address
**1000 MARKET ST
BLDG 1
PORTSMOUTH, NH 03801 US**



01222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0319541

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION INFORMATION SERVICES, INC.
1201 HAYS ST.
TALLAHASSEE, FL 32301**

**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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE
05/08/08-80069-007 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WALSH, MICHAEL
STREET ADDRESS	1001 E. ATLANTIC AVE.
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	V
NAME	WALSH, MARK
STREET ADDRESS	1001 E. ATLANTIC AVE.
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	V
NAME	WALSH, WILLIAM
STREET ADDRESS	1000 MARKET ST BLDG 1
CITY-ST-ZIP	PORTSMOUTH, NH 03801
TITLE	S
NAME	CRITHCHFIELD, RICHARD H.
STREET ADDRESS	1001 E. ATLANTIC AVE.
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	V
NAME	ADE, RICHARD
STREET ADDRESS	1000 MARKET ST BLDG 1
CITY-ST-ZIP	PORTSMOUTH, NH 03801
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RICHARD C. ADE
EXECUTIVE VICE PRESIDENT**

Date **1/30/08** Daytime Phone # **2162**