


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2007 8:00 am**  
**Secretary of State**

05-10-2007 90027 006 \*\*\*150.00

<b>DOCUMENT # V17552</b>		
1. Entity Name CHELSEA PLACE PRESERVE, INC.		

Principal Place of Business <b>CHELSEA PLACE PRESERVE, INC.</b> 28059 U.S. Hwy 19 N., Ste. 302 Clearwater, FL 33761	Mailing Address <b>CHELSEA PLACE PRESERVE, INC.</b> 28059 U.S. Hwy 19 N., Ste. 302 Clearwater, FL 33761
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2. Principal Place of Business - No P.O. Box # <b>CHELSEA PLACE PRESERVE, INC.</b> 28059 U.S. Hwy 19 N., Ste. 302 Clearwater, FL 33761	3. Mailing Address <b>CHELSEA PLACE PRESERVE, INC.</b> 28059 U.S. Hwy 19 N., Ste. 302 Clearwater, FL 33761
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Zip 	Country <b>USA</b>	Zip 	Country <b>USA</b>
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6. Name and Address of Current Registered Agent <b>MINIERI, CARL N.</b> 29656 US 19 NO STE 100 CLEARWATER, FL 33761		7. Name and Address of New Registered Agent <b>CHELSEA PLACE PRESERVE, INC.</b> 28059 U.S. Hwy 19 N., Ste. 302 Clearwater, FL 33761	
City 		City <b>FL</b>	

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be</b> <b>Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MINIERI, CARL A 28059 U.S. Hwy 19 N., Ste. 302 Clearwater, FL 33761 <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	S MINIERI, CARL N 28059 U.S. Hwy 19 N., Ste. 302 Clearwater, FL 33761 <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	T MINIERI, CARL A 28059 U.S. Hwy 19 N., Ste. 302 Clearwater, FL 33761 <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 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: *Carl Minieri - Pres* 4/26/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

40110255



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4. FEI Number <b>59-3126564</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional</b> <b>Fee Required</b>
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