

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # V57382 1. Entity Name CHATHAM PARK, INC.	
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Principal Place of Business 2711 CHATHAM CIRCLE KISSIMMEE, FL 34746	Mailing Address 2711 CHATHAM CIRCLE KISSIMMEE, FL 34746
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04192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3144522	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CHARNOCK, WILLIAM T III 5358 SPRING HILL DRIVE SPRING HILL, FL 34606
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**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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D DAVIES, MICHAEL J 2711 CHATHAM CIRCLE KISSIMMEE, FL
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D DAVIS, MAUREEN L. 2711 CHATHAM CIRCLE KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
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04/26/04-80084-001 150.00

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IN THIS SPACE**

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: Maureen L. Davies (MAUREEN L. DAVIES) 4/24/04 407-397-1801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dursine Phone #