


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 08:00 A
Secretary of State

DOCUMENT # P02000051816
 1. Entity Name
 CHUCK'S MARKET PLACE INC



Principal Place of Business Mailing Address
 148 E PINE AVE 148 E PINE AVE
 ST. GEORGE ISLAND, FL 32328 ST. GEORGE ISLAND, FL 32328

DO NOT WRITE IN THIS SPACE



01092008 No Chg-P CR2E034 (11/05)

4. FEI Number 04-3658644	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CAROTHERS, CHARLES M
 148 E PINE AVE
 ST. GEORGE ISLAND, FL 32328

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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 reinstating) DATE _____

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 NAME STREET ADDRESS CITY-ST-ZIP	V CAROTHERS, CHARLES 148 E PINE AVE ST. GEORGE ISLAND, FL 32328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAROTHERS, CAROL 148 E PINE AVE ST. GEORGE ISLAND, FL 32328
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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: *X Charles M Carothers* 850 Cell
 _____ 1-22-07 6535296
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #