2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2007 8:00 am
Secretary of State
03-27-2007 90012 016 ***150.00

DOCUMENT # K17408

1. Entity Name
CHUCK'S CONSTRUCTION CORPORATION

Principal Place of Business	Mailing Address
P.O. BOX 2736 FT MYERS FL 33902-2736	P.O. BOX 2736 FT MYERS FL 33902-2736

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0030539 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WHITBECK, CHUCK
1051 MARINA TOWN VILLAGE #124
FORT MYERS FL 33903

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WHITBECK, CHUCK 4321 COUNTRY CLUB BLVD CAPE CORAL FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☒ Change ☐ Addition P.O.BOX 560 HELEN, GA 30545-0560
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST WHITBECK, CHUCK 4321 COUNTRY CLUB BLVD CAPE CORAL FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Chuck Whitbeck CHUCK WHITBECK PRES. 3/15/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #