


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 24, 2004 08:00 AM  
Secretary of State**

<b>DOCUMENT # 501653</b> 1. Entity Name <b>CHUCK'S BURIAL VAULTS, INC.</b>	
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Principal Place of Business  
**BLDG 227 BARTOW AIRPORT  
PO BOX 176  
BARTOW, FL 33830**

Mailing Address  
**PO BOX 176  
BARTOW, FL 33831-0176**



01102004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1681168</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**POLCARO, JOHN  
3495 HIGHWAY 17 N  
BARTOW, FL 33830**

**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 reinstating) 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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P POLCARO, JOHN CHARLES 3495 HIGHWAY 17 N BARTOW, FL 33830</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V STUBBS, BONNIE 1220 E SUMMERLIN ST BARTOW, FL 33830</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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000000012857  
01/26/04-80023-005 150.00

**DO NOT WRITE  
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: John Polcaro John Polcaro 1/22/04 863 533 8410  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #