


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 28, 2007 8:00 am
Secretary of State

07-11-2007 90078 040 ***550.00

DOCUMENT # 501653 1. Entity Name CHUCK'S BURIAL VAULTS, INC.	
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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
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DO NOT WRITE IN THIS SPACE

66021547



07022007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1681168	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent POLCARO, JOHN 3495 HIGHWAY 17 N BARTOW, FL 33830
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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 *John Polcaro* (NOTE: Registered Agent signature required when renewing) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

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	P POLCARO, JOHN CHARLES 3495 HIGHWAY 17 N BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STUBBS, BONNIE 1220 E SUMMERLIN ST BARTOW, FL 33830
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**DO NOT WRITE
IN THIS SPACE**

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 *Chuck Polcaro*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/22/07 662538460
Day Phone #