

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # 575802

1. Entity Name
CHUCK'S CAR MART, INC.



Principal Place of Business

300 U.S. 27 SOUTH
AVON PARK, FL 33825

Mailing Address

300 U.S. 27 SOUTH
AVON PARK, FL 33825

DO NOT WRITE IN THIS SPACE



01142004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1843431

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FOUT, CHARLES W.
300 U.S. 27 SOUTH
AVON PARK, FL 33825

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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 Craig Fout Craig Fout Sec. Treasurer 4-28-04
Signature, typed or printed name of registered agent and title if applicable (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 PD
NAME FOUT, CHARLES W
STREET ADDRESS RT 2, BOX 541, AVOCADO RD
CITY-ST-ZIP AVON PARK, FL 00000,

TITLE D
NAME FOUT, CRAIG A
STREET ADDRESS POMELO AVENUE
CITY-ST-ZIP AVON PARK, FL 00000,

TITLE D
NAME EDMONDSON, CHERYL Y
STREET ADDRESS RT 2, BOX 541, AVOCADO RD
CITY-ST-ZIP AVON PARK, FL 00000,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000149168
05/03/04-80177-005 150.00

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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: Craig Fout Craig Fout 4/28/04 2863 453 3255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #