

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90974 020 \*\*\*150.00

<b>DOCUMENT # 575802</b> 1. Entity Name <b>CHUCK'S CAR MART, INC.</b>					
Principal Place of Business <b>300 U.S. 27 SOUTH AVON PARK, FL 33825</b>			Mailing Address <b>300 U.S. 27 SOUTH AVON PARK, FL 33825</b>		
2. Principal Place of Business		3. Mailing Address <b>PO Box 311</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>Avon Park FL</b>		4. FEI Number <b>59-1843431</b>	
Zip <b>33826</b>		Country <b>Highlands</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FOUT, CHARLES W. 300 U.S. 27 SOUTH AVON PARK, FL 33825</b>				7. Name and Address of New Registered Agent Name <b>Charles W Fout</b> Street Address (P.O. Box Number is Not Acceptable) <b>2675 N Pomelo Ave</b> <b>Avon Park</b> City <b>FL</b> Zip Code <b>33825</b>	
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD FOUT, CHARLES W RT 2, BOX 541, AVOCADO RD AVON PARK, FL 00000,</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FOUT, CRAIG A POMELO AVENUE AVON PARK, FL 00000,</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D EDMONDSON, CHERYL Y RT 2, BOX 541, AVOCADO RD AVON PARK, FL 00000,</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b> <u>Craig Fout</u> <u>Craig Fout</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-28-05 863-443-0886 <small>Date Daytime Phone #</small>		