

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000002385 1. Entity Name CIRCLE K ENTERPRISES INC.	
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Principal Place of Business 1500 N. PRIEST DRIVE TEMPE, AZ 85281	Mailing Address P.O. BOX 52085 PHOENIX, AZ 85281
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DO NOT WRITE IN THIS SPACE

02012005 No Chg-P CR2E034 (10/03)

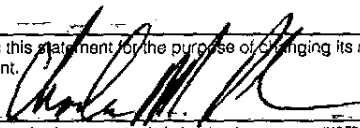
4. FEI Number 86-0947249	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**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  DATE 

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

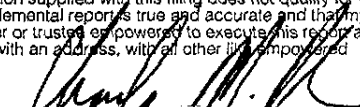
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS HANASCH, BRIAN 1500 N. PRIEST DRIVE TEMPE, AZ 85281
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PARKER, CHARLES M 1500 N. PRIEST DRIVE TEMPE, AZ 85281
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAXEL, GEOFFREY C 1500 N. PRIEST DRIVE TEMPE, AZ 85281
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V POWELL, JOY A 1500 N. PRIEST DRIVE TEMPE, AZ 85281
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CAMPAN, ROBERT G 1500 N. PRIEST DRIVE TEMPE, AZ 85281
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAS MURPHY, PAUL G 1500 N. PRIEST DRIVE TEMPE, AZ 85281

UD00000217243
02/07/2005-80017-008 150.00

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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 reports 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, without other information.

SIGNATURE:  DATE  Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR