

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2005 8:00 am
Secretary of State

05-20-2005 90034 003 ***150.00

DOCUMENT # F04000002863

1. Entity Name
CHICKASAW NATION INDUSTRIES, INC.



Principal Place of Business

2020 ARLINGTON
ADA, OK 74820

Mailing Address

~~PO BOX 2109~~
~~ADA, OK 74820~~

Remove

50052998



04062005 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
73-1543162

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RICHESON, J. DAVID
317 S. 2ND STREET
FT. PIERCE, FL 34948

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **C** ☐ Delete
NAME **MITCHELL, MARVIN**
STREET ADDRESS **ROUTE 1 BOX 38AAA**
CITY-ST-ZIP **FITZHUGH, OK 74843**

TITLE ☐ Change ☒ Addition
NAME **Neil McCaleb**
STREET ADDRESS **zip Vance Dr**
CITY-ST-ZIP **Edmond OK 73103**

TITLE **ST** ☐ Delete
NAME **WOODS, STEVE**
STREET ADDRESS **ROUTE 1 BOX 430A**
CITY-ST-ZIP **SULPHUR, OK 73086**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **CAMPBELL, BRIAN**
STREET ADDRESS **2020 ARLINGTON, STE. 7**
CITY-ST-ZIP **ADA, OK 74820**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **HENDRICKS, CADIAN**
STREET ADDRESS **ROUTE 1 BOX 104**
CITY-ST-ZIP **KENEFIC, OK 74748**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **HATTON, DAVID**
STREET ADDRESS **2020 ARLINGTON, STE. 5**
CITY-ST-ZIP **ADA, OK 74820**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **KIMBROUGH, MACK**
STREET ADDRESS **1620 SUNRISE LANE**
CITY-ST-ZIP **ADA, OK 74820**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/05

Date

580.272.5000

Daytime Phone #