

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004541

FILED
Jan 06, 2009
Secretary of State

Entity Name: CHALKS TRUCK PARTS, INC.

Current Principal Place of Business:

838 MCCARTY
HOUSTON, TX 77029

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 15675
HOUSTON, TX 77220

New Mailing Address:

FEI Number: 74-1557160

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLEY, LARRY G
6017 ARMADA
YAVARES, FL 32778 US

Name and Address of New Registered Agent:

COLLEY, LARRY G
6017 ARMADA
TAVARES, FL 32778 US

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.

SIGNATURE: ROBERT A CHALK

01/06/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CHRM () Delete
Name: CHALK, ROBERT A
Address: 838 MCCARTY
City-St-Zip: HOUSTON, TX 77029

Title: VCHR () Delete
Name: COLLEY, LARRY G
Address: 10006 KIRKASPEN
City-St-Zip: HOUSTON, TX 77089

Title: V () Delete
Name: COLLEY, LARRY G
Address: 10006 KIRKASPEN
City-St-Zip: HOUSTON, TX 77089

Title: D () Delete
Name: LAGRONE, JOHN
Address: P.O. BOX 26
City-St-Zip: CONCORD, TX 77850

Title: SD () Delete
Name: CHALK, BARBARA S
Address: 838 MCCARTY
City-St-Zip: HOUSTON, TX 77029

Title: T () Delete
Name: CHALK, CHERIE L
Address: 838 MCCARTY
City-St-Zip: HOUSTON, TX 77029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN L LAGRONE

D

01/06/2009

Electronic Signature of Signing Officer or Director

Date