


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90008 041 ***150.00

DOCUMENT # F93000005584

1. Entity Name
CIRCLE K STORES INC.



Principal Place of Business
1500 N PRIST DRIVE
TEMPE, AZ 85281 US

Mailing Address
600 N. DAIRY ASHFORD
ML 3170
HOUSTON, TX 77079 US

44046710

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
PO Box 52085
 Suite, Apt. #, etc.
LICENSING DC-36



06222004 Chg-P CR2E034 (10/03)

City & State
PHOENIX

City & State
PHOENIX

Zip
85072-2085

Country

4. FEI Number
74-1149540

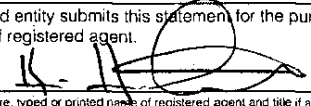
Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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

7. Name and Address of New Registered Agent
 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  **Kim Kwiatkowski** **ASST SECR** **JUN-23-04**
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
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees
 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO HOLTHE, DAVID B 288 W. MTN. SKY AVE. PHOENIX, AZ 85045 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS KRECKE, KATHRYN A 1500 N. PRIEST DR TEMPE, AZ 85281 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KWIATKOWSLI, KIM 1500 N. PRIEST DR. TEMPE, AZ 85281 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MURPHY, PAUL 1500 N. PRIEST DR. TEMPE, AZ 85281 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/AS WALDSCHMIDT, DAVID A 1500 N. PRIEST DR. TEMPE, AZ 85281 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAT SHEETS, JEFF W 600 N. DAIRY ASHFORD HOUSTON, TX 77079 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS HANNASCH, BRIAN 1500 N PRIEST DR Tempe AZ 85281 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PARKER, CHARLES M. 12911 Telecom PARK TAMPA, FL 33637 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition KWIATKOWSKI, Kim
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TAS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP HAXEL, GEOFFREY C. 1500 N PRIEST DR Tempe, AZ 85281
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP CAMPAU, ROBERT G. 2440 Whitehall PARK DR, #800 Charlotte, NC 28273

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:  **Kim Kwiatkowski** **ASST SECR** **JUN-23-04** **(602)728-4783**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #