


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

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT # F93000005584**

1. Entity Name  
 CIRCLE K STORES INC.



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

Mailing Address  
 PO BOX 52085  
 LICENSING DC-36  
 PHOENIX, AZ 85072 US

**DO NOT WRITE IN THIS SPACE**



02012005 No Chg-P CR2E034 (10/03)

4. FEI Number  
 74-1149540

Applied For  
 Not Applicable

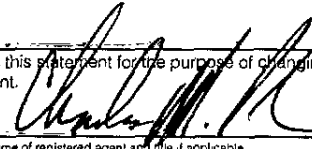
5. Certificate of Status Desired  **\$8.75** Additional Fee Required

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 2/5/05

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

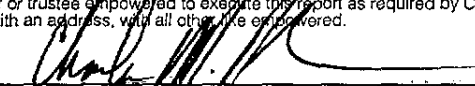
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS HANNASCH, BRIAN 1500 N PRIEST DRIVE TEMPE, AZ 85281
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VO PARKER, CHARLES M 12911 TELECOM PARK TAMPA, FL 33637
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS KWIATKOWSKI, KIM 1500 N. PRIEST DR. TEMPE, AZ 85281
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TAS MURPHY, PAUL 1500 N. PRIEST DR. TEMPE, AZ 85281
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HAXEL, GEOFFREY C 1500 N. PRIEST DR. TEMPE, AZ 85281
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CAMPAU, ROBERT G 2440 WHITEHALL PARK DRIVE #800 CHARLOTTE, NC 28273

000000217244  
 02/07/05-80017-009 150.00

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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 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 information.

SIGNATURE:  DATE 2/5/05 DAYTIME PHONE #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR