## 2005 FOR PROFIT CORPORATION

## Apr 27, 2005 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # K17408** 04-27-2005 90349 022 \*\*\*150.00 1. Entity Name CHUCK'S CONSTRUCTION CORPORATION Principal Place of Business Mailing Address P.O. BOX 2736 P.O. BOX 2736 20049179 FT MYERS, FL 33902-2736 FT MYERS, FL 33902-2736 CR2E034 (10/03) 04222005 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0030539 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WHITBECK, CHUCK DO NOT WRITE 1051 MARÍNA TOWN VILLAGE #124 FORT MYERS, FL 33903 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 7-69.00 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Added to Fees Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE D WHITBECK, CHUCK 4321 COUNTRY CLUB BLVD STREET ADDRESS CTTY-ST-ZIP CAPE CORAL, FL PST WHITBECK, CHUCK 4321 COUNTRY CLUB BLVD STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL TITLE NAME G.G.SMART STREET ADDRESS P.O.DRAWER 2736 FT.MYERS, FL 33902-2736 DO NOT WRITE CITY+ST-7IP IN THIS SPACE TITLE

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 it changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CRTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

PRESIDENT

4-19.05

FILED

259-466-4836

Daytime Phone #