


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2008 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # K17408</b><br>1. Entity Name<br><b>CHUCK'S CONSTRUCTION CORPORATION</b> |  |
|---|---|

|  |  |
|--|--|
| Principal Place of Business<br>P.O. BOX 2736<br>FT MYERS FL 33902-2736 | Mailing Address<br>P.O. BOX 2736<br>FT MYERS FL 33902-2736 |
|--|--|



|   |   |
|---|---|
| 2. Principal Place of Business - No P.O. Box #<br><b>15 GREENWOOD DRIVE</b> | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

1st MOORE      CR2E034 (10/07)

|  |              |                                    |  |
|--|--------------|------------------------------------|--|
| City & State<br><b>HELEN, GA 30545</b> | City & State | 4. FEI Number<br><b>65-0030539</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|--|--------------|------------------------------------|--|

|              |                  |              |                  |   |
|--------------|------------------|--------------|------------------|---|
| Zip<br>_____ | Country<br>_____ | Zip<br>_____ | Country<br>_____ | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |
|--------------|------------------|--------------|------------------|---|

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><br><b>WHITBECK, CHUCK</b><br><b>1051 MARINA TOWN VILLAGE #124</b><br><b>FORT MYERS FL 33903</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>15 GREENWOOD DRIVE</b><br><b>HELEN, GA 30545</b><br>City <span style="float: right;"><b>FL</b></span> 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 \_\_\_\_\_ DATE \_\_\_\_\_

(Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when transferring.)

**FILE NOW!!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be Added to Fees  
 Trust Fund Contribution

| 10. OFFICERS AND DIRECTORS |  |
|----------------------------|--|
| TITLE                      | D <input type="checkbox"/> Delete<br>WHITBECK, CHUCK   |
| NAME                       | P.O. BOX 560   |
| STREET ADDRESS             | HELEN GA 30545-0560                                    |
| CITY-ST-ZIP                |  |
| TITLE                      | PST <input type="checkbox"/> Delete<br>WHITBECK, CHUCK |
| NAME                       | 4321 COUNTRY CLUB BLVD                                 |
| STREET ADDRESS             | CAPE CORAL FL  |
| CITY-ST-ZIP                |  |
| TITLE                      | <input type="checkbox"/> Delete                        |
| NAME                       |  |
| STREET ADDRESS             |  |
| CITY-ST-ZIP                |  |
| TITLE                      | <input type="checkbox"/> Delete                        |
| NAME                       |  |
| STREET ADDRESS             |  |
| CITY-ST-ZIP                |  |
| TITLE                      | <input type="checkbox"/> Delete                        |
| NAME                       |  |
| STREET ADDRESS             |  |
| CITY-ST-ZIP                |  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|--|
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>U00000818706<br>02/15/08-80053-016 150.00 |
| NAME  |  |
| STREET ADDRESS  |  |
| CITY-ST-ZIP   |  |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME  |  |
| STREET ADDRESS  |  |
| CITY-ST-ZIP   |  |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME  |  |
| STREET ADDRESS  |  |
| CITY-ST-ZIP   |  |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME  |  |
| STREET ADDRESS  |  |
| CITY-ST-ZIP   |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 life empowered.

**SIGNATURE:**  **CHUCK WHITBECK**      02/05/08      706/809-0034

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Digits to Exclude #