

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L03127

Entity Name: FRYER CHUCK, INC.

FILED
Mar 13, 2008
Secretary of State

Current Principal Place of Business:

3091 TAMiami TR E
NAPLES, FL 33112

New Principal Place of Business:

Current Mailing Address:

4823 PONDAPPLE DRIVE
NAPLES, FL 34119

New Mailing Address:

27060 BELLE RIO DRIVE
BONITA SPRINGS, FL 34135

FEI Number: 65-0169137

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COBLEY, JACK G
27060 BELLE RIO RD.
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: COBLEY, JACK G
Address: 4823 PONDAPPLE DRIVE
City-St-Zip: NAPLES, FL 33999

Title: V () Delete
Name: COBLEY, ELIZABETH A
Address: 4823 PONDAPPLE DRIVE
City-St-Zip: NAPLES, FL 33999

Title: S () Delete
Name: COBLEY, JACK
Address: 4823 PONDAPPLE DRIVE
City-St-Zip: NAPLES, FL 33999

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: COBLEY, JACK G
Address: 27060 BELLE RIO DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: V (X) Change () Addition
Name: COBLEY, ELIZABETH A
Address: 27060 BELLE RIO DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: S (X) Change () Addition
Name: COBLEY, JACK
Address: 27060 BELLE RIO DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

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: JACK COBLEY

PT

03/13/2008

Electronic Signature of Signing Officer or Director

Date