

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90162 033 ***150.00

DOCUMENT # L13810

1. Entity Name

CHUBCO INTERNATIONAL, INC.



Principal Place of Business

32100 DEWBERRY LN.
SORRENTO FL 32776

Mailing Address

32100 DEWBERRY LN.
SORRENTO FL 32776

2. Principal Place of Business

5264 MARTINGALE LANE

3. Mailing Address

5264 MARTINGALE LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

APOPKA, FL

City & State

APOPKA, FL

Zip

32712

Country

USA

Zip

32712

Country

USA

4. FEI Number

59-2967823

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHUBBOY, ROBERT A.
32100 DEWBERRY LN.
SORRENTO FL 32776

7. Name and Address of New Registered Agent

Name

CHUBBOY, ROBERT A.

Street Address (P.O. Box Number is Not Acceptable)

5264 MARTINGALE LANE

City

APOPKA

FL

Zip Code

32712

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

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

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME CHUBBOY, ROBERT A.
STREET ADDRESS 32100 DEWBERRY LN.
CITY-ST-ZIP SORRENTO FL

TITLE S ☐ Delete
NAME CHUBBOY, JOANNE W
STREET ADDRESS 32100 DEWBERRY LN
CITY-ST-ZIP SORRENTO FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS SEE BLK 2
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS SEE BLK 2
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE:

R. G. Chubboy

2/28/06 (407) 814-0771