

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2006 8:00 am
Secretary of State

03-30-2006 90024 015 ***150.00

DOCUMENT # P00000000097

1. Entity Name

CHUCKDAR, INC.



Principal Place of Business

CHUCKDAR, INC. DBA PINCH A PENNY # 24
3210 LITTIA PINECREST ROAD
VALRICO FL 33594

Mailing Address

CHUCKDAR, INC. DBA PINCH A PENNY # 24
3210 LITTIA PINECREST ROAD
VALRICO FL 33594



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3617887

Applied For

Not Applicable

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

1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERMIDA, REMY
1707 W. REYNOLDS ST
PLANT CITY FL 33566

Name

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

City

FL

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

[Signature]

(NOTE: Registered Agent signature required when reappointing)

DATE

3/22/06

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete

NAME HERMIDA, REMY
STREET ADDRESS 1707 W REYNOLDS ST
CITY- ST- ZIP PLANT CITY FL 33566

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ST ☐ Delete

NAME HERMIDA, REMY C
STREET ADDRESS 3210 LITHIA PINECREST RD
CITY- ST- ZIP BRANDON FL 33511

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete

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CITY- ST- ZIP

TITLE ☐ Change ☐ Addition

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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

[Signature] Remy C Hermida Treasurer 4/7/06 (813) 681-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #