

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000078165

1. Entity Name
CHICKRANK, INC.



Principal Place of Business
**7651 SW SR 200
SUITE 502
OCALA, FL 34476**

Mailing Address
**4494 NW 78TH AVE
OCALA, FL 34482**

DO NOT WRITE IN THIS SPACE



05052005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3744063

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RANKIN, GEORGE H
4494 NW 78TH AVE
OCALA, FL 34482**

**DO NOT WRITE
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 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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RANKIN, GEORGE H
STREET ADDRESS	4494 NW 78 AVENUE
CITY - ST - ZIP	OCALA, FL 34482
TITLE	S
NAME	RANKIN, PHYLLIS J
STREET ADDRESS	4494 NW 78 AVENUE
CITY - ST - ZIP	OCALA, FL 34482
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1100000376116
08/10/05-80004-019 150.00

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

George A Rankin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 15, 2005 3523689085
Date Daytime Phone #