

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000079924

FILED
Apr 30, 2005
Secretary of State

Entity Name: CHUBBY ENTERPRISES, INC.

Current Principal Place of Business:

5206 OCEAN BLVD
SARASOTA, FL 34242

New Principal Place of Business:

4185 VIA MIRADA
SARASOTA, FL 34238

Current Mailing Address:

PO BOX 15305
SARASOTA, FL 34277

New Mailing Address:

FEI Number: 51-0415784 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KING, CLIFFORD M
2033 MAIN ST, STE 303
SARASOTA, FL 34237 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: PTSD () Delete
Name: HOUGHTON, DEBORAH J
Address: 4185 VIA MIRADA
City-St-Zip: SARASOTA, FL 34238

Title: V () Delete
Name: JACKS, MICHAEL
Address: 3720 COUNTRYSIDE RD
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: JONES, TIMOTHY J
Address: 3720 COUNTRYSIDE RD
City-St-Zip: SARASOTA, FL 34233

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DEBORAH J. HOUGHTON

PTSD

04/30/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date