


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90020 014 ***158.75

DOCUMENT # P03000018160	
1. Entity Name CHICK-N-TREAT, INC.	

Principal Place of Business 1916 OKEECHOBEE ROAD FORT PIERCE FL 34950	Mailing Address 1916 OKEECHOBEE ROAD FORT PIERCE FL 34950
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2. Principal Place of Business - No P.O. Box # 1916 Okeechobee Rd Suite, Apt. #, etc.	3. Mailing Address 1916 Okeechobee Rd Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/06)

City & State Ft. Pierce FL	City & State Ft. Pierce FL
Zip 34950	Zip 34950
Country USA	Country USA

4. FEI Number 35-2196473	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PERRY, KIMBERLY JO 1916 OKEECHOBEE ROAD FORT PIERCE FL 34950	
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7. Name and Address of New Registered Agent	
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	DATE 2-8-07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TALLEY, JOHN G 1916 OKEECHOBEE ROAD FORT PIERCE FL 34950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PERRY, KIMBERLY J 1916 OKEECHOBEE ROAD FORT PIERCE FL 34950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>John Talley</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 3-15-07 Daytime Phone # 772 466-7290