

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 13, 2005 8:00 am**  
**Secretary of State**

07-13-2005 90012 004 \*\*\*150.00

**DOCUMENT # P04000031798**

1. Entity Name  
**CHUCKITA CORP.**



20063147

Principal Place of Business  
**100 NORTH TAMPA STREET  
SUITE 1800  
TAMPA, FL 33602**

Mailing Address  
**100 NORTH TAMPA STREET  
SUITE 1800  
TAMPA, FL 33602**



2. Principal Place of Business  
**403 E MADISON STREET  
Suite, Apt. #, etc.  
SUITE 400  
City & State  
TAMPA, FL**

3. Mailing Address  
**403 E MADISON STREET  
Suite, Apt. #, etc.  
SUITE 400  
City & State  
TAMPA, FL**

06302005 Chg-P CR2E034 (10/03)

Zip  
**33602**

Country  
**USA**

Zip  
**33602**

Country  
**USA**

4. FEI Number  
**06-1717576**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**SHASTEEN, PHILIP M  
100 NORTH TAMPA STREET  
SUITE 1800  
TAMPA, FL 33602**

7. Name and Address of New Registered Agent

Name  
**SHASTEEN, PHILIP M**  
Street Address (P.O. Box Number is Not Acceptable)  
**403 E MADISON STREET  
SUITE 400  
City TAMPA FL Zip Code 33602**

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

*Philip M. Shasteen*

**7/5/05**

Signature, type 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSTD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHASTEEN, MONICA L		NAME		
STREET ADDRESS	403 E MADISON STREET, SUITE 400		STREET ADDRESS		
CITY - ST - ZIP	TAMPA, FL 33602		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHASTEEN, PHILIP M		NAME		
STREET ADDRESS	403 E MADISON STREET, SUITE 400		STREET ADDRESS		
CITY - ST - ZIP	TAMPA, FL 33602		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		

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:

*Philip M. Shasteen, director*

**7/5/05 813-225-2500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone