


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-28-2005 90178 016 ***150.00

DOCUMENT # P04000140412			
1. Entity Name JOHN CHUM INC.			
Principal Place of Business 840 S. MONTAS TERRACE LECANTO, FL 34461		Mailing Address 840 S. MONTAS TERRACE LECANTO, FL 34461	
2. Principal Place of Business 820 S. Dudley Avenue Suits, Apt. #, etc.		3. Mailing Address 820 S. Dudley Avenue Suits, Apt. #, etc.	
City & State Bartow		City & State Bartow	
Zip FL 33830		Zip FL 33830	
4. FEI Number 201765623		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHIOK, JON 840 S. MONTAS TERRACE LECANTO, FL 34461		7. Name and Address of New Registered Agent Name John Chioik Street Address (P.O. Box Number is Not Acceptable) 820 S. Dudley Avenue City Bartow FL 33830 Zip Code FL 33830	
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: <u>J.C.H. John Chioik</u> DATE: 04 25 2005 <small>Signature, typed or printed name of registered agent and also acceptable. NOTE: Registered Agent signature required when submitting.</small>			
FILE NOW!!! FEB IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete CHIOK, JOHN 840 S. MONTAS TERRACE LECANTO, FL 34461	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition John Chioik 820 S. Dudley Avenue Bartow FL 33830
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<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	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 empowerment.			
SIGNATURE: <u>J.C.H. John Chioik</u>		DATE: 04 25 2005 4077381191	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	

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