


**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

<b>DOCUMENT # P04000140412</b>			
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	Country	Zip FL 33830	Country
4. FEI Number 201765623		Applied For 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 Chiook Street Address (P.O. Box Number is Not Acceptable) 820 S. Dudley Avenue City Bartow FL 33830 FL Zip Code 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 Chiook</u> DATE: 04 25 2005 <small>Signature, type 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	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	address
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
CHIOK, JOHN		John Chiook	
840 S. MONTAS TERRACE		820 S. Dudley Avenue	
LECANTO, FL 34461		Bartow FL 33830	
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 Chiook</u>		Date: 04 25 2005 <u>4077381191</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	

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