


**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 <b>JOHN CHUM INC.</b>			
Principal Place of Business <b>840 S. MONTAS TERRACE LECANTO, FL 34461</b>		Mailing Address <b>840 S. MONTAS TERRACE LECANTO, FL 34461</b>	
2. Principal Place of Business <b>820 S. Dudley Avenue</b> Suite, Apt. #, etc.		3. Mailing Address <b>820 S. Dudley Avenue</b> Suite, Apt. #, etc.	
City & State <b>Bartow</b>		City & State <b>Bartow</b>	
Zip <b>FL 33830</b>	Country	Zip <b>FL 33830</b>	Country
4. FEI Number <b>201765623</b>		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 <b>CHIOK, JON 840 S. MONTAS TERRACE LECANTO, FL 34461</b>		7. Name and Address of New Registered Agent Name <b>John Chiook</b> Street Address (P.O. Box Number is Not Acceptable) <b>820 S. Dudley Avenue</b> City <b>Bartow FL 33830</b> FL Zip Code <b>33830</b>	
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: <b>04 25 2005</b> <small>Signature, type or printed name of registered agent and its representative. 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	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <small>address</small>
<b>CHIOK, JOHN 840 S. MONTAS TERRACE LECANTO, FL 34461</b>		<b>John Chiook 820 S. Dudley Avenue Bartow FL 33830</b>	
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
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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 Chiook</u>		DATE: <b>04 25 2005</b> <b>4077381191</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	

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