


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2006 SEP 18 PM 4:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P04000140412</b> 1. Entity Name JOHN CHUM INC.	
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Principal Place of Business 820 S DUDLEY AVE BARTOW, FL 33830	Mailing Address 820 S DUDLEY AVE BARTOW, FL 33830
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2. Principal Place of Business <i>1700 Woodbury Rd</i>	3. Mailing Address <i>1700 Woodbury Rd</i>	09072006 Chg-P CR2E034 (11/05)
Suite, Apt. #, etc. <i>2501</i>	Suite, Apt. #, etc. <i>2501</i>	
City & State <i>Orlando</i>	City & State <i>Orlando</i>	
Zip <i>FL 32828</i>	Country <i>USA</i>	Zip <i>FL 32828</i>
	Country <i>USA</i>	

4. FEI Number 20-1765623	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  CHIOK, JOHAN 820 S DUDLEY AVENUE BARTOW, FL 33830	7. Name and Address of New Registered Agent Name <i>John Chiock</i> Street Address (P.O. Box Number is Not Acceptable) <i>1700 Woodbury Rd 2501</i> City <i>Orlando</i> FL Zip Code <i>32828</i>
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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: *John Chiock* Director DATE: *9/8/06*

(NOTE: Registered Agent signature required when transferring)

<b>FILE NOW!!! FEE IS \$150.00 Due by September 15, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D CHIOK, JOHAN <input type="checkbox"/> Delete	TITLE	D <i>John Chiock</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHIOK, JOHAN	NAME	<i>John Chiock</i>
STREET ADDRESS	820 S DUDLEY AVENUE	STREET ADDRESS	<i>1700 Woodbury Rd 2501</i>
CITY - ST - ZIP	BARTOW, FL 33830	CITY - ST - ZIP	<i>Orlando, FL 32828</i>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<i>500080026235</i>
STREET ADDRESS		STREET ADDRESS	<i>09/21/06--01023--007 **150.00</i>
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	
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	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS	<i>B 9/18/06</i>	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *John Chiock* DATE: *9-8-06*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #