

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90089 036 ***150.00

DOCUMENT # P06000074528

1. Entity Name
CHUCK'S RESTAURANT, INC.



Principal Place of Business
118 TINDALE CIRCLE
LONGWOOD, FL 32779 US

Mailing Address
118 TINDALE CIRCLE
LONGWOOD, FL 32779 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

01152007 Chg-P CR2E034 (12/06)

4. FEI Number

20-4948280

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCQUISTON, CHARLES L
118 TINDALE CIRCLE
LONGWOOD, FL 32779

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent or director if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

P
MCQUISTON, CHARLES L
118 TINDALE CIRCLE
LONGWOOD, FL 32779 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

VP
MCQUISTON, BRENDA J
118 TINDALE CIRCLE
LONGWOOD, FL 32779 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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CITY, ST, ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles L. McQuiston 1-23-07 407-862-3767

Date

Duration: Perpetual