## 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P08000019192

Entity Name: CHIEF CHUCK MOTORS INC.

FILED Jun 23, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

36315 STATE RD 52 DADE CITY, FL 33525

Current Mailing Address: New Mailing Address:

36315 STATE RD 52 DADE CITY, FL 33525

FEI Number: 22-3976632 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PROFESSIONAL ACCOUNTING
38743 OTIS ALLEN ROAD
ZEPHYRHILLS, FL 33540 US
ROMANO, ANTONIO
36315 STATE RD 52
DADE CITY, FL 33525 US

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.

SIGNATURE: ANTONIO ROMANO 06/23/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete Title: P/T (X) Change ( ) Addition

 Name:
 BRASWELL, CINDY D
 Name:
 ROMANO, ANTONIO

 Address:
 36315 STATE RD 52
 Address:
 36315 STATE RD 52

 City-St-Zip:
 DADE CITY, FL 33525
 City-St-Zip:
 DADE CITY, FL 33525

Title: VP ( ) Delete Title: VP/S (X) Change ( ) Addition

 Name:
 ROMANO, ANTONIO
 Name:
 MCHENRY, PHILIP J

 Address:
 36315 STATE RD 52
 Address:
 36315 STATE RD 52

 City-St-Zip:
 DADE CITY, FL 33525
 City-St-Zip:
 DADE CITY, FL 33525

Title: T (X) Delete Title: ( ) Change ( ) Addition

 Name:
 MCHENRY, PHILIP J
 Name:

 Address:
 36315 STATE RD 52
 Address:

 City-St-Zip:
 DADE CITY, FL 33525
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTONIO ROMANO P/T 06/23/2009