
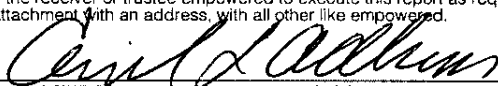


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 08, 2004 8:00 am**  
**Secretary of State**

09-08-2004 90118 044 \*\*\*150.00

<b>DOCUMENT # P92000002274</b> 1. Entity Name <b>CHUCK, CAROL &amp; COMPANY, INC.</b>					
Principal Place of Business <b>4111 HWY 441</b> <b>ZELLWOOD, FL 32798</b>			Mailing Address <b>5024 ROUND LAKE ROAD</b> <b>APOPKA, FL 32712</b>		
2. Principal Place of Business <b>5960 W. Jones Ave</b>		3. Mailing Address <b>P.O. Box 190</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Zellwood FL</b>		City & State <b>Zellwood FL</b>		4. FEI Number <b>59-3157074</b>	
Zip <b>32798</b>		Country <b>US</b>		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  <b>ADKINS, CHARLES D</b> <b>5024 ROUND LAKE ROAD</b> <b>APOPKA, FL 32712</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ DATE _____ <small>Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ADKINS, CAROL L 5024 ROUND LAKE RD APOPKA, FL 32712 <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	P ADKINS, CHARLES D 5024 ROUND LAKE RD APOPKA, FL 32712 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Adkins, Charles D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SAME	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADKINS, MICHAEL D 315 E 1ST STREET MOUNT DORA, FL 32757 <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	
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)(i), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>9-1-04</b> Daytime Phone # <b>407 884-7474</b>		