


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90270 048 ***150.00

DOCUMENT # P98000071275	
1. Entity Name C. CHOKA CUSTOM TRIM CARPENTRY, INC.	

Principal Place of Business 102 THE CRESCENT CLERMONT FL 34711	Mailing Address 102 THE CRESCENT CLERMONT FL 34711
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2. Principal Place of Business 102 The Crescent	3. Mailing Address 102 The Crescent
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MINNEOLA FLA.	City & State MINNEOLA FLA.
Zip 34715-9436	Country LAKE
Zip 34715-9436	Country LAKE



1st MOORE CR2E034 (10/04)

4. FEI Number 59-3527666		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 CHOKA, CHARLES 102 THE CRESCENT CLERMONT FL 34711		
7. Name and Address of New Registered Agent Name Charles Choka Street Address (P.O. Box Number is Not Acceptable) 102 The Crescent MINNEOLA FLA 34715-9436 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 *CHL CHL* DATE 4/12/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STP CHOKA, CHARLES 102 THE CRESCENT CLERMONT FL 34711 <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)(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: *CHL CHL* DATE 4/12/05 (407) 592-5759
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #