

# **2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P99000038966

Entity Name: CHONKO ENTERPRISES, INC.

**FILED**  
**Aug 04, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

1008 FLORIDA AVE.  
LYNN HAVEN, FL 32444

**New Principal Place of Business:**

**Current Mailing Address:**

1008 FLORIDA AVE.  
LYNN HAVEN, FL 32444

**New Mailing Address:**

FEI Number: 59-3582363

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WHITTON, JEFFREY P  
565 HARRISON AVE.  
PANAMA CITY, FL 32401 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CHONKO, JIM  
Address: 1008 FLORIDA AVE.  
City-St-Zip: LYNN HAVEN, FL 32444

Title: D ( ) Delete  
Name: CHONKO, MICHAEL  
Address: 1008 FLORIDA AVE.  
City-St-Zip: LYNN HAVEN, FL 32444

Title: D ( ) Delete  
Name: MATHEWS, TIMOTHY B  
Address: 1131 HARRISON AVENUE  
City-St-Zip: PANAMA CITY, FL 32401

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: CHONKO, STEPHEN C  
Address: 1008 FLORIDA AVE.  
City-St-Zip: LYNN HAVE, FL 32444

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: LISA HERRING, PARALEGAL TO JEFFREY P. WHIT

MS.

08/04/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date