2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V46917

1. Entity Name
CHUCK'S NATURAL FOOD OUTPOST, INC.

Principal Place of Business	Mailing Address
11301 N. 56TH STREET #14 TEMPLE TERRACE, FL 33617 US	11309 E QUEENSWAY DR TEMPLE TERRACE, FL 33617 US

DO NOT WRITE IN THIS SPACE

04192005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3130833	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HOMUTH, CHARLES A
11309 E. QUEENSWAY DR.
TEMPLE TERRACE, FL 33617

DO NOT WRITE IN THIS SPACE

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 and title if applicable.   (NOTE. Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	HOMUTH, CHARLES A
STREET ADDRESS	11309 E. QUEENSWAY DR.
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/27/05-80076-019 150.00

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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 _Charles A Homuth_   Charles A Homuth   4-22-05   813-980-2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #