

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000003408

Entity Name: CHRIS STUART, INC.

FILED
Apr 10, 2007
Secretary of State

Current Principal Place of Business:

10070 CREEKSIDE DRIVE
PLACIDA, FL 33946 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 3819
PLACIDA, FL 33946 US

New Mailing Address:

FEI Number: 65-0382897

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THREADGOLD, STUART
10070 CREEKSIDE DRIVE
PO BOX 998
PLACIDA, FL 33946 US

Name and Address of New Registered Agent:

THREADGOLD, STUART
10070 CREEKSIDE DRIVE
PLACIDA, FL 33946 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: STUART THREADGOLD

04/10/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: THREADGOLD, STUART
Address: 10070 CREEKSIDE DRIVE
City-St-Zip: PLACIDA, FL 33946

Title: D () Delete
Name: THREADGOLD, CHRISTINE
Address: 10070 CREEKSIDE DRIVE
City-St-Zip: PLACIDA, FL 33946

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: STUART THREADGOLD

D

04/10/2007

Electronic Signature of Signing Officer or Director

Date