

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 737748	
1. Entity Name CHRIS HAVEN, INC.	

Principal Place of Business 729 RIDGE ROAD LANTANA FL 33462 US	Mailing Address 729 RIDGE ROAD LANTANA FL 33462 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/05)

4. FEI Number **58-9249243** ☐ Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
BISSOON, ANDY 4132 PINE HOLLOW CIR GREEN ACRES FL 33463

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP DI TULLIO, MARIA C 729 RIDGE ROAD #3 LANTANA FL 33462 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPV BISSON, ANDY 729 RIDGE RD, #5 LANTANA FL 33462 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DTS JHONSON, SHIRLEY 729 RIDGE RD, # 1 LANTANA FL 33462 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add
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00000561821
05/19/06-80031-003 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 617, 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: *Andy Bissoon* **ANDY BISSOON**

4-30-06 561-714-6355