

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 593296

Entity Name: C H F SALES CORP.

**FILED**  
**Jan 03, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

133 VIA CAPRI  
NEW SMYRNA BEACH, FL 32169

**New Principal Place of Business:**

**Current Mailing Address:**

133 VIA CAPRI  
NEW SMYRNA BEACH, FL 32169

**New Mailing Address:**

FEI Number: 59-1883274

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MASON, CHARLES E PRES  
133 VIA CAPRI  
NEW SMYRNA BEACH, FL 32169 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: ST  
Name: MASON, JAN  
Address: 133 VIA CAPRI  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: PRES  
Name: MASON, CHARLES E JR  
Address: 133 VIA CAPRI  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

I hereby 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 all other like empowered.

SIGNATURE: CEMASONJR@CHFSALES.COM

PRES

01/03/2012

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

\_\_\_\_\_  
Date