

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # J17975

1. Entity Name
W. CHRIS LEWIS AND ASSOCIATES, INC.



Principal Place of Business
**503 US HWY 27
BRANFORD, FL 32008**

Mailing Address
**P.O. BOX 1000
HIGHWAY 27 & 129
BRANFORD, FL 32008**

DO NOT WRITE IN THIS SPACE



04302008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2695686

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CLESI, DUSTIN M.
503 US HWY 27
BRANFORD, FL 32008**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000942925
05/29/08-80040-018 150.00

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P CLESI, DUSTIN M. 503 US HWY 27 BRANFORD, FL 32008 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D CLESI, AIMEE B RT. 2, BOX 5813 FORT WHITE, FL 32038 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D CLESI, ERIKA L RT. 2, BOX 5813 FORT WHITE, FL 32038 |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-08

Date

786 935-2283

Daytime Phone #