


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 08, 2007 08:00 AM
Secretary of State

DOCUMENT # K65931 1. Entity Name CHRISTMAS, ETC., INC.					
Principal Place of Business CHRISTMAS, ETC 1201 ALLENDALE RD WEST PALM BEACH FL 33407			Mailing Address 1123 AVON DALE CT. WEST PALM BEACH FL 33409		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0121684	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LAUGHLIN, WILLIAM H. 1123 AVON DALE CT. WEST PALM BEACH FL 33409				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	MP LAUGHLIN, HELEN ANNE 1123 AVON DALE CT. WEST PALM BEACH FL 33409	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	DST LAUGHLIN, WILLIAM HERMAN 1123 AVON DALE CT. WEST PALM BEACH FL 33409	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	MV LAUGHLIN, WILLIAM A 1243 AVONDALE LANE WEST PALM BEACH FL 33409	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	[Empty]	<input type="checkbox"/> Delete			
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 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			U00000628205 02/16/07-80006-005 150.00		
SIGNATURE: <u>W. H. Laughlin</u>			WILLIAM H. LAUGHLIN 2-507 561-478-0430		