,2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2006 08:00 AN Secretary of State

	AMINOAL	IVEL CITY		 1 · · · · · · · · · · · · · · · · · ·		L T , 2000		
DOCUMENT # K81706 1. Entity Name					Secretary of Sta			
CHRISTN	MAS GRADER SERVICE, IN							
Principal Plac	e of Business	Mailing Address						
144 CALHOU		144 CALHOUN STREET)				
LABELLE, FL	33935	LABELLE, FL 33935						
			·					
				03202006	No Chg-P	CR2E034 (11/0	5)	
	O NOT WRITE	IN THIS SPA	J E	4. FEI Numbe 65-013			Applied For Not Applicable	
		Section 2	nagalija (e	5. Certificate	of Status Desired	\$8.75 Fee Requ	Additlonal Jired	
6. Name and Address of Current Registered Agent								
CHRISTMAS, EDWARD 144 CALHOUN STREET LABELLE, FL 33935			DO NOT WRITE IN THIS SPACE					
			,	in i	HIS SPA	ACE		
	named entity submits this statement for tions of registered agent. Signature, typed or printed name of registered agent a		· . ·	istered agent, or bot guirad when reinstating)	h, in the State of Floric	da. I am familiar w	ith, and accept	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	S. Election Campaign Fina Trust Fund Contribution.		\$5.00 May Be Added to Fees				
10.	OFFICERS AND D	DIRECTORS	J	<u></u>			<u> </u>	
NAME STREET ADDRESS CITY -ST - ZIP	PD CHRISTMAS, EDWARD 144 CALHOUN STREET LABELLE, FL							
TITLE NAME	STD CHRISTMAS, MARY RUTH		1		000000 	509321 -80040- 0 07	150 00	
STREET ADDRESS CITY-ST-ZIP	144 CALHOUN STREET LABELLE, FL	En Entre Ent	:		ብዛ፣ ኛው፣ በይግ	_00M.001;	100.00	
TITLE NAME			1					
STREET ADDRESS CITY+ST-ZIP				DO	NOT WE	RITE		
TITLE NAME STREET ADDRESS		<u> </u>		IN T	THIS SPA	ACE		

12. Thereby certify that the information supplied with this filling 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: Columna Christmas Edward Christmas

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1/11/06 863-625-3186