

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006879

FILED
Apr 29, 2010
Secretary of State

Entity Name: CHRISTMAS ISLAND STYLE, INC.

Current Principal Place of Business:

1103 SOUTH COLLIER BLVD
UNIT C-107
MARCO ISLAND, FL 34145

New Principal Place of Business:

Current Mailing Address:

1103 SOUTH COLLIER BLVD
UNIT C-107
MARCO ISLAND, FL 34145

New Mailing Address:

FEI Number: 35-2186507

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEFANIDES, STEVEN A
1103 SOUTH COLLIER BLVD
UNIT C-107
MARCO ISLAND, FL 34145 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: D
Name: STEFANIDES, STEVEN A
Address: 1103 SOUTH COLLIER BLVD/C1077
City-St-Zip: MARCO ISLAND, FL 34145 US

Title: D
Name: SCHNEIDER, GREGORY
Address: 1848 NORTH BAHAMA AVE
City-St-Zip: MARCO ISLAND, FL 34145

Title: D
Name: KEUTMANN, LINDA
Address: 816 HIDEAWAY CIRCLE EAST
City-St-Zip: MARCO ISLAND, FL 34145

Title: D
Name: GIBSON, GERALD
Address: 2041 SAN MARCO ROAD
City-St-Zip: MARCO ISLAND, FL 34145

Title: D
Name: DASTI, BARBARA
Address: 1337 FREEPORT AVE
City-St-Zip: MARCO ISLAND, FL 34145

Title: D
Name: BARE, JERRY
Address: 555 SEAVIEW COURT APT. G2
City-St-Zip: MARCO ISLAND, FL 34145

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEVEN STEFANIDES

D

04/29/2010

Electronic Signature of Signing Officer or Director

_____ Date