

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Feb 26, 2008  
Secretary of State

DOCUMENT# N02000007704

Entity Name: CHRISTIANS R US, INC.

**Current Principal Place of Business:**

7808 RUSTY ANCHOR ROAD  
ST. AUGUSTINE, FL 32092

**New Principal Place of Business:**

**Current Mailing Address:**

7808 RUSTY ANCHOR ROAD  
ST. AUGUSTINE, FL 32092

**New Mailing Address:**

FEI Number: 16-1637986

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JONES, MELVIN  
7808 RUSTY ANCHOR ROAD  
ST. AUGUSTINE, FL 32092 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: PCB ( ) Delete  
Name: JONES, MELVIN  
Address: 7808 RUSTY ANCHOR ROAD  
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: VCDS ( ) Delete  
Name: JONES, SARAH  
Address: 7808 RUSTY ANCHOR ROAD  
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: D ( ) Delete  
Name: JONES, SARAH  
Address: 7808 RUSTY ANCHOR ROAD  
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: D ( ) Delete  
Name: JONES, MELVIN  
Address: 7808 RUSTY ANCHOR ROAD  
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: D ( ) Delete  
Name: LONGO, MARK  
Address: 7808 RUSTY ANCHOR ROAD  
City-St-Zip: ST. AUGUSTINE, FL 32092

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MELVIN JONES

PCB

02/26/2008

Electronic Signature of Signing Officer or Director

Date