

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000043422

Entity Name: CHRISTOPHER OZ INC.

FILED  
Apr 20, 2009  
Secretary of State

## Current Principal Place of Business:

7039 HOPE HILL ROAD  
BROOKSVILLE, FL 34601 US

## New Principal Place of Business:

3430 GALT OCEAN DRIVE  
#605  
FORT LAUDERDALE, FL 33308 US

## Current Mailing Address:

P.O. BOX 2222  
ST PETERSBURG, FL 33731 US

## New Mailing Address:

FEI Number: 59-3643297      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JONES, CHRISTOPHER  
7039 HOPE HILL RD.  
BROOKSVILLE, FL 34601 US

## Name and Address of New Registered Agent:

JONES, CHRISTOPHER  
3430 GALT OCEAN DRIVE.  
#605  
FORT LAUDERDALE, FL 33308 US

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: CHRISTOPHER D. JONES

04/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: JONES, CHRISTOPHER D  
Address: P.O. BOX 2222  
City-St-Zip: SAINT PETERSBURG, FL 33731

Title: VP ( ) Delete  
Name: JONES, CHRISTOPHER D  
Address: P.O. BOX 2222  
City-St-Zip: SAINT PETERSBURG, FL 33731

Title: S ( ) Delete  
Name: JONES, CHRISTOPHER D  
Address: P.O. BOX 2222  
City-St-Zip: SAINT PETERSBURG, FL 33731

Title: T ( ) Delete  
Name: JONES, CHRISTOPHER D  
Address: P.O. BOX 2222  
City-St-Zip: SAINT PETERSBURG, FL 33731

## 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:

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

SIGNATURE: CHRISTOPHER D. JONES

PRES

04/20/2009

Electronic Signature of Signing Officer or Director

Date