

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90108 005 ***150.00

DOCUMENT # P00000045335

1. Entity Name

CHRISTY'S WINGS N THINGS, INC.



Principal Place of Business

1688 S. KINGS ROAD
CALLAHAN FL 32011
US

Mailing Address

P.O. BOX 1847
CALLAHAN FL 32011
US

2. Principal Place of Business

5907 Merrill Rd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jax. FL

City & State

Zip

32277

Country

US

Zip

Country

4. FEI Number

59-3645048

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TALBOTT, PAUL
5913 NORMANDY BLVD. STE 7
JACKSONVILLE FL 32205

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME CASE, HELEN M
STREET ADDRESS 6155 DUNN AVE.
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE D ☐ Delete
NAME CHRISTY, MICHAEL G
STREET ADDRESS 4382 BISMARCK ROAD
CITY-ST-ZIP CALLAHAN FL 32011

TITLE D ☐ Delete
NAME CHRISTY, RICHARD J
STREET ADDRESS 3646 JONAS WAY
CITY-ST-ZIP CALLAHAN FL 32011

TITLE D ☐ Delete
NAME FLAIM, MARGARET C
STREET ADDRESS 6155 DUNN AVE.
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE D ☐ Delete
NAME REINSCH, MERRY O
STREET ADDRESS 17352 WEST BEAVER ST.
CITY-ST-ZIP BALDWIN FL 32234

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Richard Christy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-05 901-744-0329
Date Daytime Phone #