

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90414 006 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P00000045335 1. Entity Name CHRISTY'S WINGS N THINGS, INC.		
Principal Place of Business 5907 MERPLE RD JACKSONVILLE, FL 32277 US	Mailing Address PO BOX 1047 CALLAHAN, FL 32011 US 5907 MERPLE RD JACKSONVILLE, FL 32277	
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent TALBOTT, PAUL 5913 NORMANDY BLVD, STE 7 JACKSONVILLE, FL 32205		DO NOT WRITE IN THIS SPACE
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 is required when withdrawing)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASE, HELEN M 6155 DUNN AVE. JACKSONVILLE, FL 32216	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRISTY, MICHAEL G 4382 BISMARCK ROAD CALLAHAN, FL 32011	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRISTY, RICHARD J 3546 JONAS WAY CALLAHAN, FL 32011	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLAIM, MARGARET C 6155 DUNN AVE. JACKSONVILLE, FL 32216	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REINSCH, MERRY O 17352 WEST BEAVER ST. BALDWIN, FL 32234	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	
12. I hereby certify that the information supplied with this filing 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 507, 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: <u>Richard J Christy</u> Richard J CHRISTY VP 4-10-07 9047440329 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		



04102007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3845048	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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**DO NOT WRITE
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