

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # P00000045335

1. Entity Name  
CHRISTY'S WINGS N THINGS, INC.



Principal Place of Business  
5907 MERRILE RD  
JACKSONVILLE, FL 32277 US

Mailing Address  
5907 MERRILE RD  
JACKSONVILLE, FL 32277 US



02012008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**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 required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000884553  
04/17/08-80048-015 150.00

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IN THIS SPACE**

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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #