

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-19-2007 90061 010 ***150.00

DOCUMENT # P01000090749

1. Entity Name
GEORGIA CHRIS DESIGN, INC.



Principal Place of Business
~~2497 HERON TERRACE UNIT C101~~
~~CLEARWATER, FL 33762~~
4108 Causeway Vista Dr.
Tampa, FL 33615

Mailing Address
~~2497 HERON TERRACE UNIT C101~~
~~CLEARWATER, FL 33762~~
4108 Causeway Vista Dr.
Tampa, FL 33615

2. Principal Place of Business - No P.O. Box #
4108 CAUSEWAY VISTA DR

3. Mailing Address
4108 CAUSEWAY VISTA DR

Suite, Apt. #, etc.

City & State
TAMPA, FL 33615

City & State
TAMPA, FL

Zip
33615

Country

Zip
33615

Country

01052007 Chg-P CR2E034 (12/06)

4. FEI Number
59-3742315

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHRISTOPOULOS, GEORGIA L.
~~2497 HERON TERRACE UNIT C101~~
~~CLEARWATER, FL 33762~~
4108 Causeway Vista Dr.
Tampa, FL 33615

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 registering)

DATE

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	<input type="checkbox"/> Delete
	CHRISTOPOULOS, GEORGIA L	2497 HERON TERRACE UNIT C101 4108 CAUSEWAY VISTA DR	CLEARWATER, FL 33762 TAMPA, FL 33615	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Georgia Christopoulos*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/7/07
Daytime Phone #