

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90044 011 \*\*\*150.00

**DOCUMENT # P02000077947**

1. Entity Name

CHRIS'S FILL & GRADING, INC.



Principal Place of Business

2640 WHITE BLVD  
NAPLES FL 34117

Mailing Address

2640 WHITE BLVD  
NAPLES FL 34117



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number 52-2366084

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

BOWMART, TONY D  
2640 WHITE BLVD  
NAPLES FL 34117

7. Name and Address of New Registered Agent

Name BOWMAN, TONY D  
Street Address (P.O. Box Number is Not Acceptable)  
2640 White Blvd  
Naples  
City FL Zip Code 34117

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: Tony D Bowman Tony D. Bowman 02/02/06  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

**FILE NOW!!! FEE IS \$150.00.**  
**After May 1, 2006 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	PVST	<input type="checkbox"/> Delete
NAME	BOWMAN, CHRISTOPHER	
STREET ADDRESS	3730 4TH AVE	
CITY-ST-ZIP	NAPLES FL 34120	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWMAN, CHRISTOPHER	
STREET ADDRESS	3730 4th AVE NE	
CITY-ST-ZIP	NAPLES FL 34120	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWMAN, TONY D	
STREET ADDRESS	2640 White Blvd	
CITY-ST-ZIP	Naples FL 34117	
TITLE	Treasurer, Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAUX, JAWON	
STREET ADDRESS	741 24th AVE NW	
CITY-ST-ZIP	Naples FL 34120	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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: Chris Bowman Chris Bowman 02/02/06 239-404-7904  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #