

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000107334

Entity Name: CHAMPOUX, INC.

**FILED**  
**Feb 22, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

13820 W. NEWBERRY ROAD, SUITE 200  
GAINESVILLE, FL 32669

**New Principal Place of Business:**

**Current Mailing Address:**

13820 W. NEWBERRY ROAD, SUITE 200  
GAINESVILLE, FL 32669

**New Mailing Address:**

FEI Number: 74-3068153

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PARENT, LORI G  
13820 W. NEWBERRY ROAD, SUITE 200  
GAINESVILLE, FL 32669 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D  
Name: PARENT, LORI G  
Address: 13820 W. NEWBERRY ROAD, SUITE 200  
City-St-Zip: GAINESVILLE, FL 32669

Title: D  
Name: GONZALEZ, LISA  
Address: 13820 W. NEWBERRY ROAD, SUITE 200  
City-St-Zip: GAINESVILLE, FL 32669

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LISA GONZALEZ

VP

02/22/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date