


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2006 8:00 am
Secretary of State

08-14-2006 90036 004 ***150.00
 03-29-2006 90133 044 ***150.00
 08-29-2006 90061 034 *****8.75

DOCUMENT # P03000077515

1. Entity Name
CHRISTOPHERS JOY, INC.



Principal Place of Business
**1835 WELFORD ROAD
 JACKSONVILLE, FL 32207**

Mailing Address
**1835 WELFORD ROAD
 JACKSONVILLE, FL 32207**

DO NOT WRITE IN THIS SPACE



08072006 No Chg-P CR2E034 (11/05)

4. FEI Number
51-0474061

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CHRISTOPHER, SAMUEL
 1835 WELFORD ROAD
 JACKSONVILLE, FL 32207**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHRISTOPHER, SAMUEL 1835 WELFORD ROAD JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHRISTOPHER, CHARLES 1819 WELFORD ROAD JACKSONVILLE, FL 32207
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE 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: *Charles Christopher* **Charles Christopher** **8/24/06** **904-891-7675**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #