

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000077515

Entity Name: CHRISTOPHERS JOY, INC.

FILED
Jan 21, 2009
Secretary of State

Current Principal Place of Business:

1835 WELFORD ROAD
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

1835 WELFORD ROAD
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 51-0474061

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHRISTOPHER, SAMUEL
1835 WELFORD ROAD
JACKSONVILLE, FL 32207 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: PD () Delete
Name: CHRISTOPHER, SAMUEL
Address: 1835 WELFORD ROAD
City-St-Zip: JACKSONVILLE, FL 32207

Title: SD () Delete
Name: CHRISTOPHER, SAMUEL JR
Address: 11928 CORNEILUS ST
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: CHRISTOPHER, SAMUEL
Address: 1835 WELFORD, RD
City-St-Zip: JACKSONVILLE, FL 32207

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SAMUEL T CHRISTOPHER

PD

01/21/2009

Electronic Signature of Signing Officer or Director

_____ Date