## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P03000124487**

1. Entity Name

CHRISTOPHER KENT RETAIL GROUP, INC.



FILED Apr 28, 2008 08:00 AN Secretary of State

Principal Place of Business

3755 MILITARY TRAIL SUITE A-9 JUPITER, FL 33458

Mailing Address

3755 MILITARY TRAIL SUITE A-9 JUPITER, FL 33458



DO NOT WRITE IN THIS SPACE

04072008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For Not Applied For Not Applicable

5. Certificate of Status Desired Status Desired Fee Required

6. Name and Address of Current Registered Agent

HARRIS, GEORGE E 11380 PROSPERITY FARMS ROAD SUITE 201 PALM BEACH GARDENS, FL 33410-3477 DO NOT WRITE IN THIS SPACE

8. The above the obligat	e named entity submits this statement for the p tions of registered agent.	urpose of changing its regis	stered office or registered agent,	or both, in the State of Florida. I am familiar with, and	accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if	applicable (NOTE Regi	stered Agent algnature required when reinstat	ling) DATE	
	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Fi Trust Fund Contributi		Be S	
10.	OFFICERS AND DIREC	TORS	The state of the s	and 15 15 15 15 15 15 15 15 15 15 15 15 15	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COFFEY, TIMOTHY 3755 MILITARY TRAIL SUITE A-9 JUPITER, FL 33458			13.15	i)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPISI, JOSEPH 3755 MILITARY TRAIL SUITE A-9 JUPITER, FL 33458				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				O NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				NTHIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OFFICE COTOR

4/7/2008

561-741-1995

Daytime Phone #