


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90040 036 ***158.75

DOCUMENT # P04000005905					
1. Entity Name CHRIS'S HOME REPAIR AND IMPROVEMENT SERVICES, INCORPORATED					
Principal Place of Business 5337 MOUNTAIN LAUREL LN MILTON, FL 32570			Mailing Address P.O. BOX 290 BAGDAD, FL 32530		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 5337 Mountain Laurel Lane			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Milton, FL		4. FEI Number 58-2680655	
Zip		Country U.S.A.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CREVERLING, SANDRA H 5337 MOUNTAIN LAUREL LN MILTON, FL 32570			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME CREVERLING, CHRISTOPHER S STREET ADDRESS 5337 MOUNTAIN LAUREL LN CITY-ST-ZIP MILTON, FL 32570	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VT NAME CREVERLING, SANDRA H STREET ADDRESS 5337 MOUNTAIN LAUREL LN CITY-ST-ZIP MILTON, FL 32570	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Sandra H. Creverling</u> <u>Sandra H. Creverling</u> <u>3-18-08</u> <u>850-981-8331</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

50000889



01052008 Chg-P CR2E034 (12/06)

Applied For
Not Applicable

FL Zip Code