

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90038 039 \*\*\*150.00

**60024986**



<b>DOCUMENT # P04000009280</b>					
1. Entity Name CHRIS OGLESBY ENTERPRISES INTERNATIONAL, INC.					
Principal Place of Business 1514 GULFVIEW DRIVE HAINES CITY, FL 33844 US			Mailing Address 1514 GULFVIEW DRIVE HAINES CITY, FL 33844 US		
2. Principal Place of Business - No P.O. Box # 2491 Heritage Green Ave			3. Mailing Address 2491 Heritage Green Ave.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Davenport, FL			City & State Davenport, FL		
Zip 33837			Zip 33837		
Country			Country		
4. FEI Number 58-2682461			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent  LAVIGNE, JAMES R ESQ. 7087 GRAND NATIONAL DRIVE, SUITE 100 ORLANDO, FL 32819			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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OGLESBY, CHRIS		NAME		
STREET ADDRESS	1514 GULFVIEW DRIVE		STREET ADDRESS	2491 Heritage Green Avenue	
CITY-ST-ZIP	HAINES CITY, FL 33844		CITY-ST-ZIP	Davenport, FL 33837	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HANNIGAN, MARIAN		NAME		
STREET ADDRESS	1514 GULFVIEW DRIVE		STREET ADDRESS	2491 Heritage Green Avenue	
CITY-ST-ZIP	HAINES CITY, FL 33844		CITY-ST-ZIP	Davenport, FL 33837	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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>Chris Oglesby</u>			Date: <u>04/14/2008</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		