

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000088925

1. Entity Name
CHRISSELL DECOR, INC.



Principal Place of Business
2885 ELECTRONICS DR #5A
MELBOURNE, FL 32935

Mailing Address
2885 ELECTRONICS DR #5A
MELBOURNE, FL 32935



02252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-1994126

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JAMES, CHRIS
2885 ELECTRONICS DR #5A
MELBOURNE, FL 32935

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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

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U0000008892514

04/28/08-80034-008 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
JAMES, CHRIS
2885 ELECTRONICS DR.
MELBOURNE, FL 32935

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
JAMES, EJ
2885 ELECTRONICS DR
MELBOURNE, FL 32935

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-14-08 321-752-7662