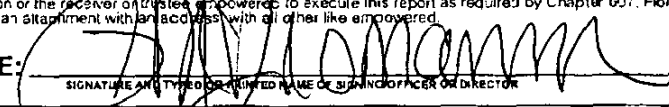


FILED
May 22, 2007 8:00 am
Secretary of State

05-22-2007 90014 033 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000094258			
1. Entity Name CHEZ KROMANN, INC.			
Principal Place of Business 316 CENTRE STREET FERNANDINA BEACH, FL 32034		Mailing Address 316 CENTRE STREET FERNANDINA BEACH, FL 32034	
2. Principal Place of Business No P.O. Box # 1517 Scott Rd		3. Mailing Address PO Box 754	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Fernandina, FL		City & State Fernandina, FL	
Zip 32034		Zip 32035	
Country USA		Country USA	
4. FEI Number 42-1636595		Apply For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRAMLING, FRANK R FERTIG AND GRAMLING 200 SE 13TH STREET FORT LAUDERDALE, FL 33316		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, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KROMANN, JOHNNY 316 CENTRE STREET FERNANDINA BEACH, FL 32034	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	Johnny Kromann ☒ Change ☐ Addition PO Box 754 Fernandina, Bch. FL 32035
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	
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 a 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 affidavit with all other like empowered.			
SIGNATURE: 		Date: 5.15.07 904-261-4612	