2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED AND FILED

7/7/2005-90009-035-$158.75-$158.75

05 AUG 22 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000147636

1. Entity Name
CHRIS BROYLES, INC.

Principal Place of Business	Mailing Address
2018 MARYLAND AVENUE WINTER HAVEN, FL 33881 US	2018 MARYLAND AVENUE WINTER HAVEN, FL 33881 US

05252005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2018 Marilyn AVE	2018 Marilyn
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Haven FL	City & State: Winter Haven FL
Zip: 33881 Country: Polk	Zip: 33881 Country: Polk

4. FEI Number: 47-0950186 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

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 Chris Broyles 8/15/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROYLES, CHRIS 2018 MARYLAND AVENUE WINTER HAVEN, FL 33881 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: x Chris Broyles x 7/4/05 x 863-581-2201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #