

FILED
Feb 19, 2008 08:00 AM
Secretary of State

1. Entity Name
CHRIS JEAN, INC.



Mailing Address
430 72ND STREET SOUTH
ST. PETERSBURG, FL 33707



4. FEI Number
20-1965822

| |
|----------------|
| Applied For |
| Not Applicable |

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

XENAKIS, CHRISTINA M
430 72ND STREET SOUTH
ST. PETERSBURG, FL 33707

**DO NOT WRITE
IN THIS SPACE**

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

02/27/08-80058-008 150.00

| | |
|----------------|--------------------------|
| TITLE | P,D |
| NAME | XENAKIS, CHRISTINA M |
| STREET ADDRESS | 430 72ND STREET SOUTH |
| CITY-ST-ZIP | ST. PETERSBURG, FL 33707 |

| | |
|-----------------|--------------------------|
| TITLE | VP,S |
| NAME | BATTAGLIA, CATHRINE J |
| STREET ADDRESS | 430 72ND STREET SOUTH |
| CITY - ST - ZIP | ST. PETERSBURG, FL 33707 |

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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CITY-ST-ZIP

| TITLE |
|----------------|
| NAME |
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| CITY-ST-ZIP |

TITLE
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CITY-ST-ZIP

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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:

Christina M. Xenakis

2/14/08

727-381-2300