


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90044 029 ***150.00

DOCUMENT # P04000165404 1. Entity Name CHURCHILL ENTERPRISES I INC.	
--	---

Principal Place of Business 3591 WATERCHASE WAY EAST JACKSONVILLE, FL 32224	Mailing Address 3591 WATERCHASE WAY EAST JACKSONVILLE, FL 32224
---	---

DO NOT WRITE IN THIS SPACE

40013300



01302007 No Chg-P CR2E034 (11/05)

4. FEI Number 27-0111325	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 HRAWG CORP. 1801 N MILITARY TRIAL STE 200 BOCA RATON, FL 33431	7. Name and Address of New Registered Agent RUNNETTE, JOHN K 3591 WATERCHASE WAY EAST JACKSONVILLE, FL 32224
---	---

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 title if applicable. (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT RUNNETTE, JOHN K 3591 WATERCHASE WAY EAST JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BLATCHFORD, M. PARKER 176 BEAUMONT RD DEVON, PA 19333
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: M P Blatchford MP BLATCHFORD 2/1/07 610-688-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #