
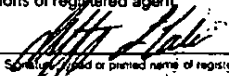
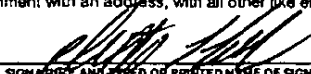


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 25, 2005 8:00 am
Secretary of State

04-25-2005 90227 038 ***150.00

DOCUMENT # P04000173483 1. Entity Name CHRIS LANDIS INC					
Principal Place of Business 5263 SIESTA DEL RIO JACKSONVILLE FL 32258			Mailing Address 5263 SIESTA DEL RIO JACKSONVILLE FL 32258		
2. Principal Place of Business 5263 SIESTA DEL RIO <small>Suite, Apt. #, etc.</small>		3. Mailing Address 5263 SIESTA DEL RIO <small>Suite, Apt. #, etc.</small>			
City & State JAX FL		City & State JAX FL			
Zip 32258	Country USA	Zip 32258	Country USA	4. FEI Number 20-2024135	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LANDIS, CHRIS 5263 SIESTA DEL RIO JACKSONVILLE FL 32258				7. Name and Address of New Registered Agent Name CHRISTOPHER LEE LANDIS Street Address (P.O. Box Number is Not Acceptable) 5263 SIESTA DEL RIO City JAX	
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.				Zip Code 32258	
SIGNATURE  CHRISTOPHER LEE LANDIS <small>(NOTE: Registered Agent signature required when re-registering)</small>					
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State </div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME LANDIS, CHRIS STREET ADDRESS 5263 SIESTA DEL RIO CITY-ST-ZIP JACKSONVILLE FL 32258	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  4-22-05 (904) 568-0256 <small>SIGNATURE, PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					