


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P05000014201 1. Entity Name CHR DEVELOPMENT-B, INC. |  |
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| Principal Place of Business 1921 MONTE CARLO DR UNIT 703 SARASOTA, FL 34231 | Mailing Address PO BOX 20708 SARASOTA, FL 34276 |
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04232008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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|---|--------------------------------|
| 4. FEI Number 20-2455728 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent TURNER, JAMES L 200 S ORANGE AVE SARASOTA, FL 34236 |
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**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

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

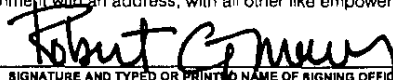
| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CARRION, JAIME S 3665 BEE RIDGE RD SUITE 310 SARASOTA, FL 34233 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MORRIS, ROBERT A JR 1921 MONTE CARLO DR UNIT 703 SARASOTA, FL 34231 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST THOMAS, DORA M 3665 BEE RIDGE RD SARASOTA, FL 34233 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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05/23/08-80072-005 150.00

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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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT A. MORRIS, JR, PRESIDENT 04/24/2008

941-923-6353

Date

Daytime Phone #