

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000015918

1. Entity Name

C.H.O.R.E.S. R US OF PENSACOLA, INC.



Principal Place of Business

9991 JAY ROAD
PENSACOLA, FL 32526 US

Mailing Address

9991 JAY ROAD
PENSACOLA, FL 32526 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08312006

Chg-P

CR2E034 (11/05)

06-07

4. FEI Number

262273057

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARTMAN, CYNTHIA M OWNER
9991 JAY ROAD
PENSACOLA, FL 32526

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

Cynthia M. Gartman

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete

P
GARTMAN, CYNTHIA M
9991 JAY ROAD
PENSACOLA, FL 32526

TITLE NAME ☐ Delete

VP
TURNER, KRISTINA D
9991 JAY ROAD
PENSACOLA, FL 32526

TITLE NAME ☒ Delete

VP
BROWN, HOLLI C
9991 JAY ROAD
PENSACOLA, FL 32526

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

600080385016
10/03/06--01018--002 **\$550.00

TITLE NAME ☐ Change ☐ Addition

REINSTATEMENT
B 2/6/07 06-07

TITLE NAME ☐ Change ☐ Addition

600080385016
02/14/07--01010--016 **\$350.00

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

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:

Cynthia M. Gartman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #