

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90102 006 ***150.00

DOCUMENT # P05000040908

1. Entity Name

CHRIS BYRNSIDE, INC.



Principal Place of Business

1219 THIRD AVENUE NORTH
JACKSONVILLE BEACH FL 32250

Mailing Address

1219 THIRD AVENUE NORTH
JACKSONVILLE BEACH FL 32250

2. Principal Place of Business

830 32055 S.W.

3. Mailing Address

1219 3RD AVEN

Suite, Apt. #, etc.

106

Suite, Apt. #, etc.

City & State

JACKSONVILLE BEACH

City & State

JACKSONVILLE BEACH

Zip
32250

Country

FLORIDA

Zip

32250

Country

FLORIDA

4. FEI Number

56-2504076

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)



6. Name and Address of Current Registered Agent

BYRNSIDE, CHRISTOPHER I
1219 THIRD AVENUE NORTH
JACKSONVILLE BEACH FL 32250

7. Name and Address of New Registered Agent

Name

CHRISTOPHER I BYRNSIDE

Street Address (P.O. Box Number is Not Acceptable)

1219 3RD AVENUE

City

JACKSONVILLE BEACH

FL

Zip Code

32250

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/2006

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BYRNSIDE, CHRISTOPHER I	
STREET ADDRESS	1219 THIRD AVENUE NORTH	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE	V	<input type="checkbox"/> Delete
NAME	BYRNSIDE, SHARK K	
STREET ADDRESS	1219 THIRD AVENUE NORTH	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

CHRIS BYRNSIDE

4/25/2006

(904) 233-8405

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #