

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 08, 2006 8:00 am
Secretary of State

09-08-2006 90002 012 ***150.00

DOCUMENT # P05000054541



1. Entity Name

TAXIDERMY BY CHRIS, INC.

Principal Place of Business

4175 N.E. 301 BLVD.
OKEECHOBEE FL 34972

Mailing Address

P.O. BOX 2211
OKEECHOBEE FL 34973



2. Principal Place of Business

14067 SW 16th Court
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2211
Suite, Apt. #, etc.

2nd MOORE

CR2E034 (4/06)

City & State

Okeechobee, FL

City & State

Okeechobee, FL

4. FEI Number

54-2171588

Applied For

Not Applicable

Zip

34973

Country

USA

Zip

34974

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCKEON, JR, CHRISTOPHER D
4175 N.E. 301 BLVD.
OKEECHOBEE FL 34972

7. Name and Address of New Registered Agent

Name: Mckeon, Jr. Christopher D.
Street Address (P.O. Box Number is Not Acceptable): 14067 SW 16th Court
City: Okeechobee FL Zip Code: 34973

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]

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

(NOTE: Registered Agent signature required when reinstating)

08/29/06

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 6, 2006

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	MCKEON, JR., CHRISTOPHER D	
STREET ADDRESS	4175 N.E. 301 BLVD.	
CITY - ST - ZIP	OKEECHOBEE FL 34972	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	WHEELER, WADE A	
STREET ADDRESS	4175 N.E. 301 BLVD.	
CITY - ST - ZIP	OKEECHOBEE FL 34972	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	WHEELER, WADE A	
STREET ADDRESS	4175 N.E. 301 BLVD.	
CITY - ST - ZIP	OKEECHOBEE FL 34972	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MCKEON, JOY M	
STREET ADDRESS	4175 N.E. 301 BLVD.	
CITY - ST - ZIP	OKEECHOBEE FL 34972	
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	Mckeon, Jr Christopher D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	14067 SW 16th Court	
STREET ADDRESS	Okeechobee FL	
CITY - ST - ZIP	34973	
TITLE	Same	<input checked="" 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 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/11/06

Date

843-763-7277

Daytime Phone #