

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90025 037 ***150.00

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1. Entity Name

TAXIDERMY BY CHRIS, INC.



Principal Place of Business
14067 SW 16TH COURT
OCALA FL 34473

Mailing Address
P.O. BOX 2211
OKEECHOBEE FL 34973



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **54-2171588**

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

MCKEON, JR, CHRISTOPHER D
14067 SW 16TH COURT
OKEECHOBEE FL 34973

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

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DP
MCKEON, JR., CHRISTOPHER D
4175 N.E. 301 BLVD.
OKEECHOBEE FL 34972 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DP
Mckean, Jr Christopher D
14067 SW 16th Court
Okeechobee, FL 34974 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DVP
MCKEON, CHRISTOPHER D JR
14067 SW 16TH COURT
OKEECHOBEE FL 34973 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

34974 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DS
MCKEON, CHRISTOPHER D JR
14067 SW 16TH COURT
OKEECHOBEE FL 34973 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
14067 SW 16th Court
Okeechobee, FL 34974 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DT
MCKEON, JOY M
4175 N.E. 301 BLVD.
OKEECHOBEE FL 34972 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DT
Mckean, Joy M
14067 SW 16th Court
Okeechobee, FL 34974 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-07

Date

863-763-7277

Daytime Phone #