


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90034 002 ***150.00

DOCUMENT # P07000108990	
1. Entity Name CHRISTIAN SHEEHAN, INC.	

Principal Place of Business 11360 CHAMPIONSHIP DRIVE FORT MYERS FL 33928 US	Mailing Address 11360 CHAMPIONSHIP DRIVE FORT MYERS FL 33928 US
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2. Principal Place of Business - No P.O. Box # 11360 CHAMPIONSHIP DRIVE Suite, Apt. #, etc.	3. Mailing Address 11360 CHAMPIONSHIP DRIVE Suite, Apt. #, etc.
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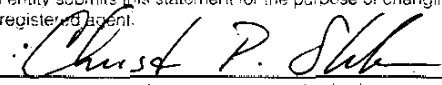
1st MOORE CR2E034 (10/07)

City & State FORT MYERS FL	City & State FORT MYERS FL
Zip 33913	Country US

4. FEI Number 75-3255670	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SHEEHAN, CHRISTIAN P 20734 TORRE DEL LAGO STREET ESTERO FL 33928

7. Name and Address of New Registered Agent	
Name SHEEHAN, CHRISTIAN P	
Street Address (P.O. Box Number is Not Acceptable) 1116 OXFORD LANE	
City NAPLES	FL Zip Code 34105

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 	DATE 04-09-08

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input checked="" type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHEEHAN, CHRISTIAN P		NAME SHEEHAN, CHRISTIAN P	
STREET ADDRESS 20734 TORRE DEL LAGO STREET		STREET ADDRESS 1116 OXFORD LANE	
CITY-ST-ZIP ESTERO FL 33928		CITY-ST-ZIP NAPLES, FL 34105	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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.	
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SIGNATURE: 	CHRISTIAN P. SHEEHAN	04-09-08	239-561-1014
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>