

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000092519**

**1. Entity Name**  
**CHAMPION FAMILY CORPORATION, INC.**



**Principal Place of Business**  
1804 MICCOSUKEE COMMONS DR. SUITE 204  
TALLAHASSEE, FL 32308 US

**Mailing Address**  
1804 MICCOSUKEE COMMONS DR. SUITE 204  
TALLAHASSEE, FL 32308 US



01082007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
59-3294400

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

CHAMPION JR, JOHN E  
1804 MICCOSUKEE COMMONS DR. SUITE 204  
TALLAHASSEE, FL 32308

**DO NOT WRITE  
IN THIS SPACE**

**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 \$350.00**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
D  
CHAMPION, MARY L  
1318 HOLLOW OAK CIRCLE  
TALLAHASSEE, FL 32308

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
PD  
CHAMPION, JOHN JR.  
4012 KILMARTIN DR  
TALLAHASSEE, FL 32308

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
VTSD  
BLACKBURN, SALLY C  
8499 CONGRESSIONAL DR.  
TALLAHASSEE, FL 32312

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

U000000618030  
02/08/07-80013-018 150.00

**DO NOT WRITE  
IN THIS SPACE**

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #