

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

FILED  
Jul 28, 2005 08:00 AM  
Secretary of State

DOCUMENT # P96000092694

1. Entity Name  
CHANGENEERS, INC.



Principal Place of Business

320 OSCEOLA AVE  
STE 11  
JACKSONVILLE BEACH, FL 32250 US

Mailing Address

320 OSCEOLA AVE  
STE 11  
JACKSONVILLE BEACH, FL 32250 US



07272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-3411090  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCBRIDE, JEFFREY S  
3305 ZEPHYR WAY NORTH  
JACKSONVILLE BEACH, FL 32250

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  
Due by September 7, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPST  
MCBRIDE, JEFFREY S  
3305 ZEPHYR WAY NORTH  
JACKSONVILLE BEACH, FL 32250

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000374801  
07/28/05-80003-019 150.00

DO NOT WRITE  
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Jeffrey S. McBride*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-22-05

Date

904-241-2533

Daytime Phone #