

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 22, 2008 8:00 am
Secretary of State

04-28-2008 90320 008 ****70.00

05-22-2008 90018 049 ****88.75

DOCUMENT # P97000009367

1. Entity Name
CHA SANDEBBLE, INC.



Principal Place of Business
2675 50TH AVE NORTH
123B
SAINT PETERSBURG, FL 33714

Mailing Address
2675 50TH AVE NORTH
123B
SAINT PETERSBURG, FL 33714

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

03262008

Chg-P

CR2E034 (12/06)

4. FEI Number
59-3487423

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

CARR, JOHN D
2675 50TH AVE NORTH STE 123B
SAINT PETERSBURG, FL 33714

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 resigning)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME CARR, JOHN D
STREET ADDRESS 501 31ST AVE. N.
CITY-STATE-ZIP ST. PETERSBURG, FL 33704

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE S ☐ Delete
NAME FELTNER, SANDRA L
STREET ADDRESS 5508 RIVERSHORE DRIVE
CITY-STATE-ZIP TAMPA, FL 33673

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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]

JOHN D. CARR, PRESIDENT

4/25/08

727-522-1504

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #