

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90201 016 ***150.00

DOCUMENT # P99000006668

1. Entity Name

CHRIS OF JAX, INC.



Principal Place of Business
322 BLANDING BLVD.
ORANGE PARK FL 32073

Mailing Address
P O BOX 441985
JACKSONVILLE FL 32244



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

8860 BANDERA CIR S.

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

JACKSONVILLE FL.

City & State

4. FEI Number 59-3565707

Applied For
Not Applicable

Zip

32244

Country

FLORIDA

Zip

Country

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

FIELDS, CHRISTOPHER H
322 BLANDING BLVD.
ORANGE PARK FL 32073

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 not applicable.

(NOTE: Registered Agent signature required when reinstating)

Chris Fields

4/18/07

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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NAME
STREET ADDRESS
CITY - ST - ZIP
D
FIELDS, CHRISTOPHER H
322 BLANDING BLVD.
ORANGE PARK FL 32073 ☐ Delete

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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

Chris Fields

4/18/07

904-908-3764

DATE

Daytime Phone #