

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000083579

**Entity Name:** CHRISTOPHER SCHIPPER, INC.

**Current Principal Place of Business:**

4590 43RD STREET SOUTH  
ST. PETERSBURG, FL 33711

**Current Mailing Address:**

P.O.BOX 531852  
ST. PETERSBURG, FL 33747 US

**FEI Number:** 62-1626400

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SCHIPPER, CHRISTOPHER  
4590 43RD STREET SOUTH  
ST. PETERSBURG, FL 33711 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            D  
Name            SCHIPPER, CHRISTOPHER  
Address        4590 43RD STREET SOUTH  
City-State-Zip: ST. PETERSBURG FL 33711

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHRISTOPHER SCHIPPER

**PRESIDENT**

**04/29/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date