2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State
04-22-2005 90282 023 ***150.00

DOCUMENT # P04000140279

1. Entity Name
CHRISTOPHER PACE, PA

Principal Place of Business	Mailing Address
9087 IRON OAK AVE TAMPA, FL 33647	9087 IRON OAK AVE TAMPA, FL 33647

04152005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
28922 Stormcloud Pass	28922 Stormcloud Pass
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Wesley Chapel, FL	City & State: Wesley Chapel, FL
Zip: 33543 Country: US	Zip: 33543 Country: US

4. FEI Number: 37-1214517 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PACE, CHRISTOPHER M
9087 IRON OAK AVE
TAMPA, FL 33647
— address change →

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable): 28922 Stormcloud Pass
City: Wesley Chapel FL Zip Code: 33543

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, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	D PACE, CHRISTOPHER M 9087 IRON OAK AVE TAMPA, FL 33647 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 28922 Stormcloud Pass Wesley Chapel, FL 33543
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] 4-15-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #