

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90233 013 ***158.75

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1. Entity Name
CHRISTINE LINDQUIST & ASSOCIATES, INC.



Principal Place of Business
12323 SW 55TH ST.
BUILDING 1000, #1010
FORT LAUDERDALE, FL 33330 US

Mailing Address
12323 SW 55TH ST.
BUILDING 1000, #1010
FORT LAUDERDALE, FL 33330 US

50020538



DO NOT WRITE IN THIS SPACE

01192005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2065819

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

CHRISTINE LINDQUIST ADRIANI
12323 SW 55TH ST
BUILDING 1000, #1010
FORT LAUDERDALE, FL 33330

**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
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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSD
LINDQUIST, CHRISTINE
12323 SW 55TH ST., #1010
FORT LAUDERDALE, FL 33330

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
ADRIAN, MARIO I
12323 SW 55TH ST. #1010
FORT LAUDERDALE, FL 33330

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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)(i), Florida Statutes. I further certify that the information indicated on this report of 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 information.

SIGNATURE:

Christine Lindquist Adrian
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christine Lindquist Adrian
Date

2/21/05
Daytime Phone #