

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90261 006 ***150.00

DOCUMENT # F59900
 1. Entity Name
CHRISTOPHER, SMITH, LEONARD, BRISTOW, & STANELL, P.A.



Principal Place of Business Mailing Address
1001 3RD AVENUE WEST, SUITE 700 **P. O. BOX 1251**
BRADENTON, FL 34205 **BRADENTON, FL 34206-1251**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

03252005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-2142260 Not Applicable

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



6. Name and Address of Current Registered Agent
CHRISTOPHER, ROBERT E.
1001 THIRD AVE WEST SUITE 700
BRADENTON, FL 34205

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	VDT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, RICHARD D.	NAME	
STREET ADDRESS	4915 18 AVE W	STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL 34209	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTOPHER, ROBERT E	NAME	
STREET ADDRESS	3932 RIVERVIEW BLVD W	STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL 34209	CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEONARD, EDWARD J.	NAME	
STREET ADDRESS	7819 18TH AVE. N.W.	STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL 34209	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRISTOW, LISA K	NAME	
STREET ADDRESS	6900 7TH AVE BLVD NW	STREET ADDRESS	6112 Shore Acres Drive
CITY-ST-ZIP	BRADENTON, FL 34209	CITY-ST-ZIP	Bradenton, FL 34209
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANELL, ROBERT E	NAME	
STREET ADDRESS	2244 6TH ST. W	STREET ADDRESS	6116 Shore Acres Drive
CITY-ST-ZIP	PALMETTO, FL 34224	CITY-ST-ZIP	Bradenton, FL 34209
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: _____ **4/15/05** **941-748-1040**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #