

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90171 005 ***150.00

40025078



01132005 Chg-P CR2E034 (10/03)

4. FEI Number
38-0334189

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CHRISTENSEN, DAVID R
817 N.W. 30TH AVE.
OCALA, FL 34475

7. Name and Address of New Registered Agent

Name **Anne M. Christensen**

Street Address (P.O. Box Number is Not Acceptable)

817 NW 30th Avenue

City **Ocala**

FL

Zip Code
34475

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 *Anne M. Christensen* **ANNE M. Christensen** **1-16-05**
- 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 **P** ☐ Delete
NAME **CHRISTENSEN, EVAN**
STREET ADDRESS **10627 SW 55TH PLACE**
CITY-ST-ZIP **GAINESVILLE, FL 32608**

TITLE **T** ☐ Delete
NAME **CHRISTENSEN, DANA**
STREET ADDRESS **19898 SW 75TH ST**
CITY-ST-ZIP **DUNNELLON, FL 34431**

TITLE **C** ☒ Delete
NAME **CHRISTENSEN, DAVID R**
STREET ADDRESS **9147 S.W. 197TH CIRCLE**
CITY-ST-ZIP **DUNNELLON, FL 34432**

TITLE **S** ☒ Delete
NAME **CHRISTENSEN, ERIK**
STREET ADDRESS **8692 SW 55TH TERR**
CITY-ST-ZIP **OCALA, FL 34476**

TITLE **T** ☐ Delete
NAME **CHRISTENSEN, ANNE M**
STREET ADDRESS **9147 SW 197TH CIR.**
CITY-ST-ZIP **DUNNELLON, FL 34432**

TITLE **VP** ☐ Delete
NAME **CHRISTENSEN, DAVID D**
STREET ADDRESS **20 OAK HOLLOW DR.**
CITY-ST-ZIP **BEVERLY HILLS, FL 34465**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T/S** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **C** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *Evan Christensen* **Evan Christensen** **1-13-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #