


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F95000005858**  
 1. Entity Name  
**CHRISTIAN FINANCIAL SERVICES INC.**



Principal Place of Business      Mailing Address  
**885 SEDALIA STREET**      **11014 LAKE MINNEOLA SHORES**  
**SUITE 2**      **CLERMONT, FL 34711**  
**OCOOE, FL 34761**



04282005    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**59-3288516**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ROGERS, JEFFREY P**  
**11014 LAKE MINNEOLA SHORES**  
**CLERMONT, FL 34711**

**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 \_\_\_\_\_ 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**

00000346497  
 04/30/05-80079-008 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	DCPV
NAME	ROGERS, JEFFREY P
STREET ADDRESS	11014 LAKE MINNEOLA SHORES
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	ST
NAME	ROGERS, JEFFREY P
STREET ADDRESS	11014 LAKE MINNEOLA SHORES
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE 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 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:** Jeffrey P. Rogers      4-28-05 (407)48  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #