


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # G70674 1. Entity Name CHRISTENSON & ASSOCIATES MORTGAGE COMPANY	
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Principal Place of Business 789 S FEDERAL HWY 304 STUART, FL 34994 US	Mailing Address PO BOX 3000 STUART, FL 34995
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01152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2351271	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**CHRISTENSON, NEILS PETER
789 S FED HWY
STE 304
STUART, FL 34994**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	V ADAM, CECIL R. 789 S. FEDERAL HWY, STE 304 STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHRISTENSON, NEILS P. 789 SOUTH FEDERAL HWY ST. 304 STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS CHRISTENSON, LINDA 789 S FED HWY STE 304 STUART, FL 34994
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/31/04-80016-011 158.75

**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: Linda Christenson Linda Christenson 1/26/04 772 2873100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #