


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90459 009 ***150.00

DOCUMENT # H06671 1. Entity Name THE CHRISTIAN ARMORY, INC.					
Principal Place of Business 2363 E. FOWLER TAMPA, FL 33612 US				Mailing Address 2363 E. FOWLER TAMPA, FL 33612 US	
2. Principal Place of Business 13911 N. Dale Mabry Hwy Suite, Apt. #, etc. Suite 101 City & State Tampa FL Zip 33618 Country US		3. Mailing Address 13911 N. Dale Mabry Hwy Suite, Apt. #, etc. Suite 101 City & State Tampa FL Zip 33618 Country US		04292004 Chg-P CR2E034 (10/03) 4. FEI Number 59-2411747	
6. Name and Address of Current Registered Agent TEBO, JOHN R. 1010 THRU RD TAMPA, FL 33612				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u>John R. Tebo</u> <u>John R. Tebo</u> <u>4/28/04</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TEBO, JOHN R. 1010 THRU RD TAMPA, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TEBO, JO ANN E. 1010 THRU RD TAMPA, FL	<input type="checkbox"/> Delete			
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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: <u>John R. Tebo</u> <u>John R. Tebo</u> <u>4/28/04</u> <u>(813) 969-2554</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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