

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

□□□□□□□□ J52867

1. Entity Name

CHRISTIE OF POLK CITY, INC.



Principal Place of Business

499 APPALOOSA HILL ROAD
POLK CITY, FL 33868

Mailing Address

P.O. BOX 519
POLK CITY, FL 33868

FILED

2004 MAY 13 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03022003

□□□□□□

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DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2771595

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 □□□□□□□□
□□□□□□□□

6. Name and Address of Current Registered Agent

BEAN, JAKE
499 APPALOOSA HILL ROAD
POLK CITY, FL 33868

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 □□□□□□
□□□□□□□□

10. OFFICERS AND DIRECTORS

TITLE P
NAME BEAN, JAKE
STREET ADDRESS 499 APPALOOSA HILL ROAD
CITY-ST-ZIP POLK CITY, FL 33868

TITLE VP
NAME HOLLAND, CHRIS
STREET ADDRESS 499 APPALOOSA HILL ROAD
CITY-ST-ZIP POLK CITY, FL 33868

TITLE SD
NAME TAYLOR, E.H.
STREET ADDRESS 315 COMMONWEALTH
CITY-ST-ZIP POLK CITY, FL 33868

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000036547200
05/18/04--01038--013 **550.00

**DO NOT WRITE
IN THIS SPACE**

5/13
JEM

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-6-04

863-602-8584