

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J78233

FILED
Apr 26, 2006
Secretary of State

Entity Name: CHRISTISON INSURANCE SERVICES, INC.

Current Principal Place of Business:

2808 CHALLENGER DR
PALM HARBOR, FL 34683 US

New Principal Place of Business:

18019 BAYWOOD FOREST DR.
HUDSON, FL 34667 US

Current Mailing Address:

C/O MARY S. CHRISTISON
P.O. BOX 1586
DUNEDIN, FL 346971586 US

New Mailing Address:

C/O MARY S. CHRISTISON
P.O. BOX 3595
SPRING HILL, FL 34611 US

FEI Number: 59-2814863

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHRISTISON, MARY S.
2808 CHALLENGER DR
1
PALM HARBOR, FL 34683 US

Name and Address of New Registered Agent:

CHRISTISON, MARY S.
18019 BAYWOOD FOREST DR.
1
HUDSON, FL 34667 US

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.

SIGNATURE:

04/26/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CHRISTISON, ROBERT S.,
Address: 2808 CHALLENGER DR
City-St-Zip: PALM HARBOR, FL 34683

Title: STDP () Delete
Name: CHRISTISON, MARY S.,
Address: 2808 CHALLENGER DR
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CHRISTISON, ROBERT S.,
Address: 18019 BAYWOOD FOREST DR.
City-St-Zip: HUDSON, FL 34667

Title: STDP (X) Change () Addition
Name: CHRISTISON, MARY S.,
Address: 18019 BAYWOOD FOREST DR.
City-St-Zip: HUDSON, FL 34667

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY S. CHRISTISON

STDP

04/26/2006

Electronic Signature of Signing Officer or Director

Date