

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

CK FILED 35
Apr 25, 2007 08:00 A
Secretary of State

DOCUMENT # J78233

1. Entity Name
CHRISTISON INSURANCE SERVICES, INC.



Principal Place of Business
**18019 BAYWOOD FOREST DR.
HUDSON, FL 34667 US**

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



04242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2814863

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**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 \$150.00
After May 1, 2007 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
**D
CHRISTISON, ROBERT S.
18019 BAYWOOD FOREST DR.
HUDSON, FL 34667**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STDP
CHRISTISON, MARY S.
18019 BAYWOOD FOREST DR.
HUDSON, FL 34667**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

U00000731587
05/09/07-80010-020 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Mary S. Christison
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-07 727 8191265
Date Daytime Phone #