


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L94642**  
 1. Entity Name  
**CHRIS & CHRIS INVESTMENTS, INC.**



Principal Place of Business      Mailing Address  
**2501 OLD LAKE WILSON RD.**      **2501 OLD LAKE WILSON RD.**  
**KISSIMMEE, FL 34747 US**      **KISSIMMEE, FL 34747 US**

**DO NOT WRITE IN THIS SPACE**



04052004    No Chg-P    CR2E034 (10/03)

4. FEI Number <b>65-0215005</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**SIMON, GARY P.**  
**9100 SOUTH DADELAND BOULEVARD**  
**SUITE 504**  
**MIAMI, FL 33156**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

1100000125923  
 04/23/04-80013-011 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIM, KEE CHIN 2501 SAND HILL RD KISSIMMEE, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICHARDS, CHRISTIANA 2501 SAND HILL RD KISSIMME, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LIM, CHRISTOPHER 14675 BRADDOCK OAK DR. ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RICHARDS, KERRY 2501 SAND HILL RD KISSIMMEE, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RICHARDS, KENNETH 2501 SAND HILL RD KISSIMMEE, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(f), 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: Christiana Richards      Date: 4-22-04      Daytime Phone #: (407) 396-1887  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR