

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90284 029 ***150.00

DOCUMENT # P00000000169					
1. Entity Name CHRSTIANSEN CONSTRUCTION, INC.					
Principal Place of Business 2812 KENTUCKY AVE. FERNANDINA BEACH, FL 32034			Mailing Address 2812 KENTUCKY AVE. FERNANDINA BEACH, FL 32034		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 874 Seabree Road Suite, Apt. #, etc.			
City & State City		City & State Stamping Ground, KY		4. FEI Number 59-3617536	
Zip Country		Zip 40379		Country USA	
6. Name and Address of Current Registered Agent MCCARROLL, LORIE L.C.P.A. 2334 E. ST. RD. 200, STE. 300 FERNANDINA BEACH, FL 32034				7. Name and Address of New Registered Agent Name: LORIE L. CHISM, Esquire Street Address (P.O. Box Number is Not Acceptable): 1548 Lancaster Terrace City: Jacksonville FL Zip Code: 32209	
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: <i>Lorie L. Chism</i> DATE: 4-20-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	D CHRISTIANSEN, JAMES M 2812 KENTUCKY AVE. FERNANDINA BEACH, FL 32034	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHRISTIANSEN, JACQUELINE S 2812 KENTUCKY AVE. FERNANDINA BEACH, FL 32034	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>James M. Christiansen</i> President <i>4/24/2005</i> <i>904 261 5354</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					