

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

7/13/

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-13-2004 90006 003 ***150.00

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1. Entity Name
CHRISTL SERVICES OF PALM COAST, FLORIDA, INC.



Principal Place of Business
11 CROSSBOW CT.
PALM COAST, FL 32137

Mailing Address
11 CROSSBOW CT.
PALM COAST, FL 32137

66430573

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07072004 00000000 000000000000

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3650958

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 00000000
0000000000

6. Name and Address of Current Registered Agent

OTTOSON, WAYNE T
11 CROSSBOW CT.
PALM COAST, FL 32137

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

**FILE NOW!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 00000000
0000000000

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	OTTOSON, WAYNE T
STREET ADDRESS	11 CROSSBOW CT.
CITY-ST-ZIP	PALM COAST, FL 32137
TITLE	STD
NAME	OTTOSON, JUDITH
STREET ADDRESS	11 CROSSBOW CT.
CITY-ST-ZIP	PALM COAST, FL 32137
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 #