

*** 2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000115602

1. Entity Name
CHRISTIAN VIRTUES INC.



Principal Place of Business
2907 ORMOND AVE.
PANAMA CITY, FL 32405

Mailing Address
2907 ORMOND AVE.
PANAMA CITY, FL 32405

FILED

04 APR -8 PH 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04082004 No Chg-P CR2E034 (10/03) *MRS*

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0067205

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FALLIS, VICKI D
2907 ORMOND AVE
PANAMA CITY, FL 32405

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

600033224476
04/21/04--01005--028 **150.00

10. OFFICERS AND DIRECTORS

TITLE	PDC
NAME	FALLIS, MARION E
STREET ADDRESS	2907 ORMOND AVE
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	VPST
NAME	FALLIS, VICKI D
STREET ADDRESS	2907 ORMOND AVE
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 #

4/8/04