

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90046 033 \*\*\*150.00

**DOCUMENT # P01000017518**

1. Entity Name  
**ENTERPRISES BY CHRISTY, INC.**



Principal Place of Business  
**12450 EAGLE POINTE CIR  
FT MYERS, FL 33913-7948**

Mailing Address  
**12450 EAGLE POINTE CIR  
FT MYERS, FL 33913-7948**

**64033010**



2. Principal Place of Business  
**12 Winewood Court**  
Suite, Apt. #, etc.

3. Mailing Address  
**12 Winewood Court**  
Suite, Apt. #, etc.

03022004 Chg-P CR2E034 (10/03)

City & State  
**Fort Myers FL**  
Zip Country  
**33919 US**

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**Fort Myers FL**  
Zip Country  
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4. FEI Number  
**65-1077196**  
Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DEMOND, CHRISTY M  
12 WINEWOOD COURT  
FORT MYERS, FL 33919  
4**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_

**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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPVT** ☐ Delete  
NAME **DEMOND, CHRISTY M**  
STREET ADDRESS **12 WINEWOOD CT**  
CITY-ST-ZIP **FORT MYERS, FL 33919**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **DEMOND, CHRISTY M**  
STREET ADDRESS **12 WINEWOOD CT**  
CITY-ST-ZIP **FORT MYERS, FL 33919**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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)(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: *Christy M. Demond* **4-6-04 239-910-0638**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #