


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-27-2005 90340 035 ***150.00

DOCUMENT # P01000105152					
1. Entity Name CHRISTOPHER JAY ARMSTRONG, INC.					
Principal Place of Business 5548 SWALLOW FORK AVE CALLAHAN FL 32011			Mailing Address 5548 SWALLOW FORK AVE CALLAHAN FL 32011		
2. Principal Place of Business 44952			3. Mailing Address 44952 Swallow fork Ave		
Suite, Apt. #, etc.			Suite, Apt. #, etc. Callahan Florida		
City & State			City & State		
Zip 32011	Country USA	Zip 32011	Country USA	4. FEI Number 59-3751431	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ARMSTRONG, CHRISTOPHER J 5548 SWALLOW FORK AVE CALLAHAN FL 32011				7. Name and Address of New Registered Agent 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 <u><i>Christopher Jay Armstrong</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4/10/05</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				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	P ARMSTRONG, CHRISTOPHER J 44952 SWALLOW FORK AVE CALLAHAN FL 32011	<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	ST ARMSTRONG, CHRISTOPHER J 44952 SWALLOW FORK AVE CALLAHAN FL 32011	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Christopher Jay Armstrong</i></u> DATE <u>4/10/05</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #					

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