


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 07, 2004 8:00 am**  
**Secretary of State**

01-07-2004 90027 032 \*\*\*150.00

**DOCUMENT # P03000020882**

1. Entity Name  
**ELIZABETH CHRISTLE REALTY, P.A.**



Principal Place of Business      Mailing Address  
**7127 154 COURT N**      **7127 154 COURT N**  
**PALM BCH GARDENS, FL 33418**      **PALM BCH GARDENS, FL 33418**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Zip      Country      Zip      Country

01052004      Chg-P      CR2E034 (10/03)



4. FEI Number      Applied For  
**05-0554721**       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	
CHRISTLE, ELIZABETH 7127 154 COURT N PALM BCH GARDENS, FL 33418		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City <b>FL</b> 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: *Elizabeth Christle*      DATE: **1-5-04**

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

**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 NAME STREET ADDRESS CITY-ST-ZIP	D CHRISTLE, ELIZABETH 7127 154 COURT N PALM BCH GARDENS, FL 33418 <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: *Elizabeth Christle*      DATE: **1-5-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #