


2004 FOR PROFIT CORPORATION ANNUAL REPORT

1082

DOCUMENT # P03000027511		
1. Entity Name 4 CHRIST INC.		

FILED
04 OCT -5 AM 10:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business P.O. BOX 8883 JACKSONVILLE, FL 32239	Mailing Address P.O. BOX 8883 JACKSONVILLE, FL 32239
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[Handwritten signature]



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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08222004 Chg-P CR2E034 (10/03)

City & State	City & State	4. FEI Number 87-0689074	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KIRKLAND, MARVIN JR. 1182 WEST 13TH STREET JACKSONVILLE, FL 32209	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 October 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KIRKLAND, MARVIN JR. P.O. BOX 8883 JACKSONVILLE, FL 32239 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100041569141 10/04/04--01033--004 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KIRKLAND, TORI P P.O. BOX 8883 JACKSONVILLE, FL 32239 <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	<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: Mrs. Joie Kirkland 10-01-04 625-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2082

To the Division of Corporations,

October 1, 2004

The Annual Report notice for the Entity 4 Christ Inc. has not been received. Enclosed is a cashiers' check for 150.00 and the Annual Report form. Please send all correspondence to 7318 Sandy Bluff Dr. Jacksonville,

~~FI-32277.~~

Thank You,
Mr. Marvin Kirkland
President