


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90034 006 ***150.00

DOCUMENT # P03000051480
 1. Entity Name
CHRISTIAN CORNER, INC.



Principal Place of Business
 7378 JOMEL DRIVE
 SPRING HILL, FL 34607

Mailing Address
 612 S. MARTIN LUTHER KING JR. AVE.
 CLEARWATER, FL 33756

94051645



2. Principal Place of Business
82 Commercial Way
 Suite, Apt. #, etc.

3. Mailing Address
82 Commercial Way
 Suite, Apt. #, etc.

01162004 Chg-P CR2E034 (10/03)

City & State
SPRING HILL, FL

City & State
SPRING HILL, FL

Zip Country
34606

Zip Country
34606

4. FEI Number
65-1188803

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
REGISTERED CORPORATE AGENTS, INC.
 612 S. MARTIN LUTHER KING JR. AVE.
 CLEARWATER, FL 33756

7. Name and Address of New Registered Agent
 Name
LINDA WALTERS
 Street Address (P.O. Box Number is Not Acceptable)
16377 CARLIN LN
SPRING HILL
 City
FL Zip Code
34610

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 **LINDA WALTERS** *Linda Walters* **4/17/04**
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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, S HARTLE, LISA M 7378 JOMEL DRIVE SPRING HILL, FL 34607	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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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: *Lisa M Hartle* **4/8/04** **352-686-8565**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #