

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90117 001 *4,500.00

DOCUMENT # P03000080611

1. Entity Name
CHRISTYWILD, INC.



Principal Place of Business
**8202 DOWN FIELD LANE
TAMPA, FL 33615**

Mailing Address
**PO BOX 260502
TAMPA, FL 33685**

66015440



04282005 No Chg-P CR2E034 (10/03)

4. FEI Number
02-0702310

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**TORTORELLO, JOHN V
4822 BONITA VISTA DR
TAMPA, FL 33634**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PS
NAME MCDONALD, RICHMOND J
STREET ADDRESS 8202 DOWNFIELD LANE
CITY-ST-ZIP TAMPA, FL 33615

TITLE VTD
NAME OSTROFF, CHRISTINE
STREET ADDRESS 8201 DOWN FIELD LANE
CITY-ST-ZIP TAMPA, FL 33615

TITLE V
NAME TORTORELLO, JOHN V
STREET ADDRESS 4822 BONITA VISTA DR
CITY-ST-ZIP TAMPA, FL 33634

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

J. Tortorello

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05

Date

813-886-6992

Daytime Phone #