



2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000098623 1. Entity Name CHRISTENSON CO., INC.					
Principal Place of Business 6831 WEST KENDALE CIRCLE LAKE WORTH FL 33407			Mailing Address 6831 WEST KENDALE CIRCLE LAKE WORTH FL 33407		
2. Principal Place of Business - No P.O. Box # Suite, Apt. # etc.		3. Mailing Address Suite, Apt. #, etc.		 1st MOORE CR2E034 (10/06)	
City & State Zip Country		City & State Zip Country			
4. FEI Number 01-0798090		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent CHRISTENSON, HAROLD J 6831 WEST KENDALE CIRCLE LAKE WORTH FL 33407	
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 After May 1, 2007 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					
TITLE	NAME	STREET ADDRESS	CITY ST ZIP	Delete	
	CHRISTENSON, HAROLD J	6831 WEST KENDALE CIRCLE	LAKE WORTH FL 33407	<input type="checkbox"/>	
TITLE	NAME	STREET ADDRESS	CITY ST ZIP	Delete	
				<input type="checkbox"/>	
TITLE	NAME	STREET ADDRESS	CITY ST ZIP	Delete	
				<input type="checkbox"/>	
TITLE	NAME	STREET ADDRESS	CITY ST ZIP	Delete	
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				<input type="checkbox"/>	
TITLE	NAME	STREET ADDRESS	CITY ST ZIP	Delete	
				<input type="checkbox"/>	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	NAME	STREET ADDRESS	CITY ST ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
U000000601347 01/26/07-80045-021 150.00					
TITLE	NAME	STREET ADDRESS	CITY ST ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY ST ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY ST ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY ST ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <i>Harold J Christenson</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR HAROLD J. CHRISTENSON			1-22-07 561-514-8765 Date Daytime Phone #		