



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90027 043 ***150.00

DOCUMENT # P03000110628					
1. Entity Name CHRISTINE STREETER INC					
Principal Place of Business 9119 CODEL LOOP NEW PORT RICHEY, FL 34654 US			Mailing Address C/O ALTRU ACCOUNTING INC 9300 REGENCY PARK BLVD PORT RICHEY, FL 34668 US		
2. Principal Place of Business 9923 Harley Ave Suite, Apt. #, etc.			3. Mailing Address 9923 Harley Ave Suite, Apt. #, etc.		
City & State New Port Richey, FL Zip 34654 Country US		City & State New Port Richey, FL Zip 34654 Country US		4. FEI Number 20-0304266	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent STREETER, CHRISTINE 9119 CODEL LOOP NEW PORT RICHEY, FL 34654			7. Name and Address of New Registered Agent Name: Streeter, Christine Street Address (P.O. Box Number is Not Acceptable): 9923 Harley Ave City: New Port Richey FL Zip Code: 34654		
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)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P/T NAME STREETER, CHRISTINE STREET ADDRESS 9119 CODEL LOOP CITY-ST-ZIP NEW PORT RICHEY, FL 34654	<input type="checkbox"/> Delete		TITLE NAME 9923 Harley Ave. STREET ADDRESS New Port CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME LOWRY, ROBERT M STREET ADDRESS 9119 CODEL LOOP CITY-ST-ZIP NEW PORT RICHEY, FL 34654	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME LOWRY, JAMES D STREET ADDRESS 9119 CODEL LOOP CITY-ST-ZIP NEW PORT RICHEY, FL 34654	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME COOPER, JUSTIN STREET ADDRESS 8643 ELM LEAF COURT CITY-ST-ZIP PORT RICHEY, FL 34668	<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	
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 exemptions contained in Chapter 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					