

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000110628

Entity Name: CHRISTINE STREETER INC

**FILED**  
**Feb 22, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

9119 CODEL LOOP  
NEW PORT RICHEY, FL 34654 US

**New Principal Place of Business:**

**Current Mailing Address:**

9119 CODEL LOOP  
NEW PORT RICHEY, FL 34654 US

**New Mailing Address:**

FEI Number: 20-0304266

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STREETER, CHRISTINE  
9119 CODEL LOOP  
NEW PORT RICHEY, FL 34654 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P/T  
Name: STREETER, CHRISTINE  
Address: 9119 CODEL LOOP  
City-St-Zip: NEW PORT RICHEY, FL 34654 US

Title: D  
Name: LOWRY, ROBERT M  
Address: 9119 CODEL LOOP  
City-St-Zip: NEW PORT RICHEY, FL 34654 US

Title: D  
Name: LOWRY, JAMES D  
Address: 9119 CODEL LOOP  
City-St-Zip: NEW PORT RICHEY, FL 34654

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHRISTINE STREETER

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02/22/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date