

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2005 8:00 am
Secretary of State

01-26-2005 90008 003 ***150.00

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1st MOORE CR2E034 (10/04)

DOCUMENT # P03000133834					
1. Entity Name CRISTY & JANINE ENTERPRISES, INC.					
Principal Place of Business 903 SYMPHONY BEACH LANE APOLLO BEACH FL 33572			Mailing Address 903 SYMPHONY BEACH LANE APOLLO BEACH FL 33572		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-0399683	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROCCA, CRISTY A 903 SYMPHONY BEACH LANE APOLLO BEACH FL 33572			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	P. S <input type="checkbox"/> Delete NAME ROCCA, CRISTY A STREET ADDRESS 903 SYMPHONY BEACH LANE CITY-ST-ZIP APOLLO BEACH FL 33572				
TITLE	VP <input type="checkbox"/> Delete NAME ROCCA, JANINE A STREET ADDRESS 903 SYMPHONY BEACH LANE CITY-ST-ZIP APOLLO BEACH FL 33572				
TITLE	<input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____				
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TITLE	<input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____				
TITLE	<input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____				
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME T.M.D STREET ADDRESS JOHN A ROCCA CITY-ST-ZIP 903 SYMPHONY BEACH LANE APOLLO BEACH, FL 33572				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____				
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: <u><i>Cristy A. Rocca</i></u> 813 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 6451231					