


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

03-31-2004 90010 005 ***150.00

DOCUMENT # P03000152055
 1. Entity Name
CHRIS CHRISTIAN CONSTRUCTION, INC.



Principal Place of Business Mailing Address
18931 LANSING STREET 18931 LANSING STREET
ORLANDO FL 32833 ORLANDO FL 32833

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

3/



MOORE CR2E034 (11/03)

4. FEI Number **20-0436002** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MITCHELL, CHRISTOPHER
18931 LANSING STREET
ORLANDO FL 32833

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

B. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President chris mitchell 18931 Lansing St Orlando FL 32833	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President / Supervisor chris mitchell 18931 Lansing St Orlando FL 32833
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Kasey Mitchell 18931 Lansing St Orlando FL 32833	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Secretary Kasey Mitchell 18931 Lansing St Orlando, FL 32833
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: Kasey Mitchell Kasey Mitchell 3-27-04 4075686171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #