


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90158 016 ***150.00

DOCUMENT # P04000014124	
1. Entity Name SCOTT CHRISTENSON INC.	

Principal Place of Business 9558 CYPRESS PINE ST. ORLANDO, FL 32827	Mailing Address 9558 CYPRESS PINE ST. ORLANDO, FL 32827
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2. Principal Place of Business 430 Page St.	3. Mailing Address 430 Page St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.



02262005 Chg-P CR2E034 (10/03)

City & State Orlando Florida	City & State Orlando, Florida	4. FEI Number 57-1198222	Applied For <input type="checkbox"/> Not Applicable
Zip 32806	Country USA	Zip 32806	Country USA
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
CHRISTENSON, SCOTT 9558 CYPRESS PINE ST ORLANDO, FL 32827	Name Scott Christenson
	Street Address (P.O. Box Number is Not Acceptable) 430 Page St.
	City Orlando FL Zip Code 32806

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: *Scott Christenson* DATE: 4-06-05

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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRISTENSON, SCOTT 9558 CYPRESS PINE ST ORLANDO, FL 32827 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 430 Page St. Orlando, FL 32806
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
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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 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: *Scott Christenson* DATE: 4-06-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #