

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2005 8:00 am
Secretary of State

05-31-2005 90008 011 ***150.00

DOCUMENT # P04000034564 1. Entity Name KATHRYN CHRIST & COMPANY, INC.			
Principal Place of Business 1725 BLANDING BLVD. STE 105 JACKSONVILLE, FL 32210		Mailing Address P.O. BOX 440151 JACKSONVILLE, FL 32222	
2. Principal Place of Business 8390 Stelling Dr. S. Suite, Apt. #, etc.		3. Mailing Address 8390 Stelling Dr. S. Suite, Apt. #, etc.	
City & State Jacksonville, FL Zip 32244		City & State Jacksonville, FL Zip 32244	
4. FEI Number 20-0645990		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WATSON, HENRIETTA CPA WATSON TAX & ACCOUNTING, INC. 25 SOUTH SECOND STREET JACKSONVILLE, FL 32240-9251		7. Name and Address of New Registered Agent Name STEVEN M. VANDERWILT, CPA Street Address (P.O. Box Number is Not Acceptable) 9140 HOOD ROAD City JACKSONVILLE FL Zip Code 32257	
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 <u><i>[Signature]</i></u> CPA 5/23/05 <small>Sign with typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD CHRIST, KATHRYN K 8390 STELLING DRIVE SOUTH JACKSONVILLE, FL 32244 <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	VD JACKSON, JAMES W 8390 STELLING DRIVE SOUTH JACKSONVILLE, FL 32244 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>Kathryn Christ</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		5/25/05 904-307-4239 <small>Date Daytime Phone #</small>	