

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-17-2005 90004 023 \*\*\*150.00  
P04000072873

<b>DOCUMENT # P04000072873</b> 1. Entity Name <b>CHRISTENSEN FAMILY CARE, INC.</b>				<div style="text-align: center;"> <b>FILED</b>  <b>JUL -8 AM 8:19</b>  <b>SECRETARY OF STATE</b>  <b>TALLAHASSEE, FLORIDA</b>  <b>T. Roberts JUL 08 2005</b> </div>	
Principal Place of Business <b>8374 MARKET STREET</b> <b>191</b> <b>BRADENTON, FL 34202</b>		Mailing Address <b>8374 MARKET STREET</b> <b>191</b> <b>BRADENTON, FL 34202</b>		06012005    Chg-P    CR2E034 (10/03)	
2. Principal Place of Business <b>2950 8th St</b>		3. Mailing Address <b>2950 8th St</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Sarasota FL</b>		City & State <b>Sarasota FL</b>		4. FEI Number <b>20-1084151</b>	
Zip <b>34237</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CHRISTENSEN, JAMES C</b> <b>8374 MARKET STREET</b> <b>191</b> <b>BRADENTON, FL 34202</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		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	<b>P</b> <b>CHRISTENSEN, JEANETTE K</b> <b>8374 MARKET STREET #191</b> <b>BRADENTON, FL 34202</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>CHRISTENSEN, JAMES C</b> <b>8374 MARKET STREET #191</b> <b>BRADENTON, FL 34202</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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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"/> Delete			
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 officers empowered.					
SIGNATURE: <b>6-3-05</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Daytime Phone #					