


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90288 036 ***150.00

DOCUMENT # P05000000060 1. Entity Name CHRISTOPHER CORRIE, P.A.					
Principal Place of Business 6527 NORTH CHASEWOOD DRIVE JUPITER, FL 33458 US			Mailing Address 6527 NORTH CHASEWOOD DRIVE JUPITER, FL 33458 US		
2. Principal Place of Business 7104 Hawk Nest Terr Suite, Apt. #, etc.		3. Mailing Address 7104 Hawk Nest Terr Suite, Apt. #, etc.			
City & State Riveria Beach FL		City & State Riveria Beach FL		4. FEI Number 20-2002267	
Zip 33407		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORRIE, CHRISTOPHER C 6527 N. CHASEWOOD DRIVE JUPITER, FL 33458				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 reappointing) DATE _____					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME CORRIE, CHRISTOPHER C		TITLE <input type="checkbox"/> Delete		
STREET ADDRESS 6527 N CHASEWOOD DR	CITY-ST-ZIP JUPITER, FL 33458		NAME 7104 Hawk Nest Terr		
CITY-ST-ZIP JUPITER, FL 33458			STREET ADDRESS Riveria Beach FL 33407		
CITY-ST-ZIP JUPITER, FL 33458			CITY-ST-ZIP Riveria Beach FL 33407		
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CITY-ST-ZIP JUPITER, FL 33458			CITY-ST-ZIP Riveria Beach FL 33407		
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: _____ 4/22/05 (561) 632-8965 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					