

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90187 038 \*\*\*150.00

<b>DOCUMENT # P05000085308</b> 1. Entity Name <b>CHRISTOPHER'S MORTGAGE CONSULTING, INC.</b>					
Principal Place of Business <b>4905 BELFORD RD STE 110 JACKSONVILLE, FL 32256</b>			Mailing Address <b>4905 BELFORD RD STE 110 JACKSONVILLE, FL 32256</b>		
2. Principal Place of Business - No P.O. Box # <b>3666 Cameron Crossing Dr</b> Suite, Apt. #, etc.			3. Mailing Address <b>3666 Cameron Crossing Dr</b> Suite, Apt. #, etc.		
City & State <b>Jacksonville FL</b>		City & State <b>Jacksonville FL</b>		4. FEI Number <b>11-3752046</b>	
Zip <b>32223</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>CHRISTOPHER, STEPHANIE 4905 BELFORD RD STE 110 JACKSONVILLE, FL 32256</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CHRISTOPHER, STEPHANIE 2759 HIDDEN VILLAGE DR JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Christopher, Stephanie <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3666 Cameron Crossing Dr Jacksonville FL 32223	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CHRISTOPHER, CHARLES III 2759 HIDDEN VILLAGE DR JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Christopher, Charles III <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3666 Cameron Crossing Dr Jacksonville FL 32223	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WAYMAN, LYNFORD <input checked="" type="checkbox"/> Delete 8158 ALDERMEN RD JACKSONVILLE, FL 32211		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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	
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 exemptions contained in Chapter 119, 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.					
<b>SIGNATURE: Stephanie Christopher</b> <b>Stephanie Christopher</b> <b>4/25/08</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

60033637



04232008 Chg-P CR2E034 (12/06)

904-477-  
0841