


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90210 036 \*\*\*158.75

**DOCUMENT # P93000021278**

1. Entity Name  
**CHRISTINE BAZEMORE, INC.**



Principal Place of Business  
 23523 51 AVE. E  
 MYAKKA CITY, FL 34251 US

Mailing Address  
 6055 CR 675  
 MYAKKA CITY, FL 34251 US

**94070564**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

04022004 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0395045**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**WALKER, ADRON H**  
**3119 MANATEE AVE. W.**  
**BRADETON, FL 34205**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5:00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BAZEMORE, CHRISTINE 6055 CR 675 BRADENTON, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President</i> CHRISTINE BAZEMORE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 23523 51 AVE E MYAKKA CITY, FL 34251
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ESTATE OF CLAY P ALBRITTON 6055 CR 675 MYAKKA CITY, FL 34251 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Vice President</i> CREACIA BUXTON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6745 GREEN POND ROAD GRAY COURT, SC 29645
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BAZEMORE, CHRISTINE <input checked="" type="checkbox"/> Delete 6055 CR 675 MYAKKA CITY, FL 34251	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAZEMORE, CHRISTINE <input checked="" type="checkbox"/> Delete 6055 CR 675 MYAKKA CITY, FL 34251	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: *Christine Bazemore President* **04/04/04** **941-322-1881**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #