



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2008 08:00 A
Secretary of State

DOCUMENT # P93000051614 1. Entity Name R. R. CHRISTENSEN, INC.	
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Principal Place of Business 10335 SW 50 CT COOPER CITY, FL 33328	Mailing Address 10335 SW 50 CT COOPER CITY, FL 33328
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DO NOT WRITE IN THIS SPACE



03102008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0419785	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CHRISTENSEN, RICHARD
10335 SW 50 CT
COOPER CITY, FL 33328**

**DO NOT WRITE
IN THIS SPACE**

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 renewing)

FILE NOW!!! FEB 18 \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000855618 03/27/08-80057-009 158.75
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CHRISTENSEN, RICHARD 10335 SW 50 CT COOPER CITY, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CHRISTENSEN, GAIL 10335 SW 50 CT COOPER CITY, FL 33328
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IN THIS SPACE**

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.

SIGNATURE:  **03-10-08 954-434-6888**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #