


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90059 044 ***150.00

DOCUMENT # P93000081577			
1. Entity Name LADY CHRISTINE, INC.			
Principal Place of Business 562 N.W. BELLWORTH PL JENSEN BEACH FL 34957 US		Mailing Address 562 N.W. BELLWORTH PL JENSEN BEACH FL 34957 US	
2. Principal Place of Business 191 N.W. MAGNOLIA LAKES BLVD LAKES		3. Mailing Address (← SAME) (← SAME)	
City & State PORT ST. LUCIE FL		City & State (← SAME)	
Zip 34986		Zip (← SAME)	
6. Name and Address of Current Registered Agent CUNNINGHAM, WILLIAM J JR 562 N.W. BELLWORTH PL JENSEN BEACH FL 34957		7. Name and Address of New Registered Agent Name: SAME Street Address (P.O. Box Number is Not Applicable) 191 MAGNOLIA LAKES BLVD City: PORT ST. LUCIE FL Zip Code: 34986	
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: <i>William J. Cunningham</i> DATE: 2/10/05 (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		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 NAME STREET ADDRESS CITY-ST-ZIP	D CUNNINGHAM, WILLIAM J JR 1862 JENSEN BEACH BLVD JENSEN BEACH FL 34957 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT 191 MAGNOLIA LAKES BLVD PORT ST. LUCIE FL 34986 <input type="checkbox"/> Change <input checked="" 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
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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: *William J. Cunningham*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #