


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000022226	
1. Entity Name JOHN J. CHRISTIE & ASSOCIATES OF FLORIDA, INC.	

Principal Place of Business 1079 W MORSE BLVD STE C WINTER PARK, FL 32789	Mailing Address 1079 W MORSE BLVD STE C WINTER PARK, FL 32789
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DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3357140	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BROSTROM, DARREL J 1079 W MORSE BLVD STE C WINTER PARK, FL 32789	DO NOT WRITE IN THIS SPACE
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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</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000123569 04/22/04-80010-004 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRISTIE, JOHN J 6700 OREGON AVE NW WASHINGTON, DC 20015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROSTROM, DARREL J 1301 SUZANNE WAY LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, REGINALD 38 HOLLYBERRY CT ROCKVILLE, MD 20852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WORRELL, QUINTON 4 TORRANCE CT KENSINGTON, MD 20895
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRISTIE, JUDITH 6700 OREGON AVE NW WASHINGTON, DC 20015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u><i>Darrel Brostrom</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>1-13-04</u> <small>Date</small>	<u>407-645-5522</u> <small>Daytime Phone #</small>
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