

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000022226

FILED  
Apr 12, 2007  
Secretary of State

Entity Name: JOHN J. CHRISTIE & ASSOCIATES OF FLORIDA, INC.

**Current Principal Place of Business:**

1079 W MORSE BLVD  
STE C  
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

1079 W MORSE BLVD  
STE C  
WINTER PARK, FL 32789

**New Mailing Address:**

FEI Number: 59-3357140      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BROSTROM, DARREL J  
1079 W MORSE BLVD STE C  
WINTER PARK, FL 32789      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: CHRISTIE, JOHN J  
Address: 6700 OREGON AVE NW  
City-St-Zip: WASHINGTON, DC 20015

Title: D      ( ) Delete  
Name: BROSTROM, DARREL J  
Address: 1301 SUZANNE WAY  
City-St-Zip: LONGWOOD, FL 32779

Title: D      ( ) Delete  
Name: MITCHELL, REGINALD  
Address: 38 HOLLYBERRY CT  
City-St-Zip: ROCKVILLE, MD 20852

Title: D      ( ) Delete  
Name: WORRELL, QUINTON  
Address: 4 TORRANCE CT  
City-St-Zip: KENSINGTON, MD 20895

Title: D      ( ) Delete  
Name: CHRISTIE, JUDITH  
Address: 6700 OREGON AVE NW  
City-St-Zip: WASHINGTON, DC 20015

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARREL BROSTROM

SVP

04/12/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date