


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90029 024 ***150.00

DOCUMENT # P96000000725 1. Entity Name CHRISTIAN & ASSOCIATES, P.A.			
Principal Place of Business 1165 SHIPWATCH CIRCLE TAMPA FL 33602 620 East Twigg Street Suite 203		Mailing Address 1165 SHIPWATCH CIRCLE 1224 TAMPA FL 33602 620 East Twigg Street Suite 203	
2. Principal Place of Business 620 East Twigg Street Suite, Apt. #, etc. Suite 203 City & State Tampa, FL Zip 33602		3. Mailing Address 620 East Twigg Street Suite, Apt. #, etc. Suite 203 City & State Tampa, FL Zip 33602	
4. FEI Number 59-2987359		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 TERRY, CHRISTIAN C 1165 SHIPWATCH CIRCLE TAMPA FL 33602		7. Name and Address of New Registered Agent Name Terry Clifton Christian Street Address (P.O. Box Number is Not Acceptable) 620 East Twigg Street Suite 203 City Tampa	
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 <u>Terry Christian</u> Signature, typed or printed name of registered agent and title if applicable.		DATE <u>02/05/04</u> DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	CHRISTON, TERRY C		Christian, Terry C
STREET ADDRESS	1165 SHIPWATCH CIRCLE	STREET ADDRESS	620 East Twigg Street, Suite 203
CITY-ST-ZIP	TAMPA FL 33602	CITY-ST-ZIP	Tampa, FL 33602
	<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<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: <u>Terry Christian</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE <u>02/05/04</u> DATE	
(813) 228-7743		Daytime Phone #	