

ANNUAL REPORT

DOCUMENT # P96000000725

1. Entity Name
CHRISTIAN & ASSOCIATES, P.A.



Principal Place of Business
620 EAST TWIGGS STREET
STE 203
TAMPA, FL 33602

Mailing Address
620 EAST TWIGGS STREET
STE 203
TAMPA, FL 33602

FILED
Mar 20, 2006 08:00 AM
Secretary of State



03172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2987359

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLIFTON CHRISTIAN, TERRY
620 EAST TWIGGS STREET
STE 203
TAMPA, FL 33602

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000472913
03/30/06-80011-022 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME CHRISTIAN, TERRY C
STREET ADDRESS 620 EAST TWIGGS STREET, STE 203
CITY-ST-ZIP TAMPA, FL 33602

TITLE
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CITY-ST-ZIP

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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: Terry Christian Terry Clifton Christian 03/17/06 813 228-7743

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #