

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90266 038 ***150.00

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1. Entity Name

CHRISTOPH INVESTMENT CORPORATION, INC.



Principal Place of Business

1311 PEPPER TREE PLACE
ROCKLEDGE, FL 32955 US

Mailing Address

PO BOX 560 450
ROCKLEDGE, FL 32956-0430 US



04062004

No Chg-P

CR2E034 (10/03)

4. FEI Number

53-3412159

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CHRISTOPH, NORBERT
1311 PEPPER TREE PLACE
ROCKLEDGE, FL 32955

**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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PT
NAME CHRISTOPH, NORBERT
STREET ADDRESS 1311 PEPPER TREE PL
CITY-ST-ZIP ROCKLEDGE, FL 32955

TITLE VPS
NAME CHRISTOPH, GISELA
STREET ADDRESS 1311 PEPPER TREE PL
CITY-ST-ZIP ROCKLEDGE, FL 32955

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(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: *Norbert Christoph*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-8-04

Attachment
44026263

04-07-04

We have our adresse changed :

NORBERT CHRISTOPH

PO BOX 560 490

ROCKLEDGE, FL 32 956-0490

Pinde Christop

NOT MORE 1311 Peppertree Pl.
