

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000048958

FILED
Jun 15, 2004
Secretary of State

Entity Name: CHRISTENSON'S PAINTING, INC.

Current Principal Place of Business:

2760 MARQUIOS DR
ORANGE PARK, FL 32073

New Principal Place of Business:

4189 PALMER AVENUE
JACKSONVILLE, FL 32210

Current Mailing Address:

2760 MARQUIOS DR
ORANGE PARK, FL 32073

New Mailing Address:

4189 PALMER AVENUE
JACKSONVILLE, FL 32210

FEI Number: 59-3456782

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHRISTENSON, KIMBERLEE
2760 MARQUIOS DRIVE
ORANGE PARK, FL 32073 US

Name and Address of New Registered Agent:

CHRISTENSON, KIMBERLEE
4189 PALMER AVENUE
JACKSONVILLE, FL 32210 US

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:

06/15/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DANIEL, CHRISTENSON
Address: 2760 MARQUIOS DR
City-St-Zip: ORANGE PARK, FL 32073

Title: VP () Delete
Name: CHRISTENSON, KIMBERLEE
Address: 2760 MARQUIOS DRIVE
City-St-Zip: ORANGE PARK, FL 32073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DANIEL, CHRISTENSON
Address: 4189 PALMER AVENUE
City-St-Zip: JACKSONVILLE, FL 32210

Title: VP (X) Change () Addition
Name: CHRISTENSON, KIMBERLEE
Address: 4189 PALMER AVENUE
City-St-Zip: JACKSONVILLE, FL 32210

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KIMBERLEE CHRISTENSON

VP

06/15/2004

Electronic Signature of Signing Officer or Director

Date