2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED **DOCUMENT # P98000027330** 1. Entity Name 04 JAN -9 PH 1:04 CRIST NLP, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1426 GULF-TO-BAY BLVD., STE C 1426 GULF-TO-BAY BLVD., STE C CLEARWATER, FL 33755 CLEARWATER, FL 33755 No Chg-P CR2E034 (10/03) 01052004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number NOT APPLICABLE Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CRIST, JAMES DO NOT WHITE 1426 GULF-TO-BAY BLVD., STE C CLEARWATER, FL 33755 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) 48.5-6.1 FILE NOW!!! FEE IS \$150.00 fr tht. t. 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE CRIST, JAMES G NAME -1426 GULF-TO-BAY BLVD., STE C STREET ADDRESS 000026597610 01/09/04--01035--004 **150.00 CITY-ST-ZIP CLEARWATER, FL 33755 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DOMOT WRITE CITY-ST-ZIP TITLE NTHS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP. 12. I hereby certify that the information adoptied with this filling 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 of supplemental eport 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 disterempowered 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. 3. 4 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR