

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90041 047 \*\*\*150.00

DOCUMENT # P99000054685  
 1. Entity Name  
 CHRISTINE CHEW & ASSOCIATE, INC.



Principal Place of Business: 539 N MILLS AVE, ORLANDO, FL 32803  
 Mailing Address: 539 N MILLS AVE, ORLANDO, FL 32803

**DO NOT WRITE IN THIS SPACE**



02182004 No Chg-P CR2E034 (10/03)

4. FEI Number: 59-3580361 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 CHEW, CHRISTINE  
 8748 WITTENWOOD COVE  
 ORLANDO, FL 32836

**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]* christine chew 2/18/04  
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	PD
NAME	CHEW, CHRISTINE
STREET ADDRESS	8748 WITTENWOOD COVE
CITY-ST-ZIP	ORLANDO, FL 32836
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *[Signature]* christine chew 2/18/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #