


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000072587
 1. Entity Name
 CHRIS IRVINE, INC.



Principal Place of Business Mailing Address
 9817 COMPASS POINT WAY 9817 COMPASS POINT WAY
 TAMPA, FL 33615 TAMPA, FL 33615

DO NOT WRITE IN THIS SPACE



04052004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3590287	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 LOVELACE, WILLIAM K ESQ
 401 S. LINCOLN AVENUE
 CLEARWATER, FL 33756

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY - ST - ZIP	P IRVINE, CHRISTOPHER 9817 COMPASS POINT WAY TAMPA, FL 33615
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 05/04/04-80120-008 150.00

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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:  Date: April 29, 04 Daytime Phone #: 727 421 7272