


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 15, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000090742</b>	
1. Entity Name <b>CHRISTOPHER'S AUTO SALES, INC.</b>	

Principal Place of Business <b>190 U.S. 17 NORTH EAGLE LAKE, FL 33839</b>	Mailing Address <b>PO BOX 1541 EAGLE LAKE, FL 33839</b>
--	--



01082004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3603835</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>FUCHS, LAWRENCE M ESQ. 590 ROYAL PALM BEACH BOULEVARD ROYAL PALM BEACH, FL 33411</b>	<b>DO NOT WRITE IN THIS SPACE</b>
--	---------------------------------------

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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY - ST - ZIP	PD CHRISTOPHER, STANLEY E 118 WALDERMAR CT SE WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD CHRISTOPHER, JOAN L 118 WALDERMAR CT SE WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000004825  
01/15/04-80028-008 150.00

**DO NOT WRITE  
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:**  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

01/08/04 (863) 298-4097  
Date Daytime Phone #