

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-23-2004 90030 028 ***150.00

DOCUMENT # J85415

1. Entity Name
CHRISTENSEN ENTERPRISES, INC.



Principal Place of Business
**333 THORPE RD
ORLANDO, FL 32824 US**

Mailing Address
**333 THORPE ROAD
ORLANDO, FL 32824 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02192004

Chg-P

CR2E034 (10/03)

4. FEI Number
59-2911139

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CHRISTENSEN, PAUL E.
333 THORPE ROAD
ORLANDO, FL 32824-8136**

7. Name and Address of New Registered Agent

Name **Frederick Christensen**

Street Address (P.O. Box Number is Not Acceptable)

333 Thorpe Rd

City **Orlando**

FL

Zip Code **32824**

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 **Frederick Christensen**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

21.9.104

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 **CHRISTENSEN, FREDERICK** ☐ Delete
STREET ADDRESS **1717 LEE RD**
CITY-ST-ZIP **ORLANDO, FL**

TITLE S
NAME **OTTO, SARAH L.** ☐ Delete
STREET ADDRESS **4629 S ORANGE BLOSSOM TR**
CITY-ST-ZIP **ORLANDO, FL**

TITLE AST
NAME **DILL, SUSAN A** ☐ Delete
STREET ADDRESS **4629 SOUTH ORANGE BLOSSOM TRAIL**
CITY-ST-ZIP **ORLANDO, FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE PD ☒ Change ☐ Addition
NAME **Frederick Christensen**
STREET ADDRESS **333 Thorpe Rd**
CITY-ST-ZIP **Orlando FL 32824**

TITLE S ☒ Change ☐ Addition
NAME **Otto, Sarah L.**
STREET ADDRESS **333 Thorpe Rd**
CITY-ST-ZIP **Orlando FL 32824**

TITLE AST ☒ Change ☐ Addition
NAME **Dill, Susan A.**
STREET ADDRESS **333 Thorpe Rd.**
CITY-ST-ZIP **Orlando FL 32824**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Frederick Christensen**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

21.9.104 (407) 888-2929

Date

Daytime Phone #