

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000001542

FILED
Jan 14, 2004
Secretary of State

Entity Name: CRISPLANT INC.

Current Principal Place of Business:

4612 NAVISTAR DRIVE
FREDERICK, MD 21703 US

New Principal Place of Business:

Current Mailing Address:

4612 NAVISTAR DRIVE
FREDERICK, MD 21703 US

New Mailing Address:

FEI Number: 52-1681719

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: MILLER, ROBERT
Address: 5 WINSLOW RD
City-St-Zip: WESTON, CT 06883

Title: T () Delete
Name: TEACH, DAVID
Address: 232 DEER RUN DRIVE
City-St-Zip: WALKERSVILLE, MD 21793

Title: P () Delete
Name: KELLY, JOHN
Address: 3716 FALLING GREEN WAY
City-St-Zip: MOUNT AIRY, MD

Title: VP () Delete
Name: BILES, JOHN
Address: 15-19 NEW -FETTER LANE
City-St-Zip: LONDON, EN EC4A1LY

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID R. TEACH

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01/14/2004

Electronic Signature of Signing Officer or Director

_____ Date