

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

03-30-2007 90133 036 ***158.75

DOCUMENT # P04000171620 1. Entity Name CRIFASI MANAGEMENT, INC.			
Principal Place of Business 2375 TAMiami TRAIL NORTH, SUITE 208C NAPLES, FL 34103		Mailing Address 2375 TAMiami TRAIL NORTH, SUITE 208C NAPLES, FL 34103	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-2052749		Applied For Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C/O WILLIAM R. O'NEIL 850 PARK SHORE DRIVE, THIRD FLOOR NAPLES, FL 34103-3587		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete CREIPAS, JACK S JR 2375 TAMiami TRAIL NORTH STE 208C NAPLES, FL 34103	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P CRIFASI, JACK J JR.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Crifasi Management Inc</i>		DATE: 4/9/07	
SIGNATURE _____ <small>SIGNATURE MUST BE TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR</small>		TELEPHONE: 239-394-7000 <small>Telephone</small>	



ATTACHMENT 66010504
Division of Corporations

2007 Annual Report

Listed below is the most recent information reported for the entity.
Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.	
Document Number	P04000171620
Business Entity Name	CRIFAST MANAGEMENT, INC.
Original File Date	12/23/2004

FEI Number 20-2052749

Principal Address 2375 TAMIAMI TRAIL NORTH, SUITE 208C
NAPLES, FL 34103

Mailing Address 2375 TAMIAMI TRAIL NORTH, SUITE 208C
NAPLES, FL 34103

Registered Agent C/O WILLIAM R. O'NEIL
850 PARK SHORE DRIVE, THIRD FLOOR
NAPLES, FL 341033587 US

Officer/Director Name And Address

P *J. IFASI*
JR JACK & CREIFAS
2375 TAMIAMI TRAIL NORTH STE 208C
NAPLES, FL 34103

If all of the above information is correct and you do not wish to make any changes, please select:

No Changes

If you need to make changes to the above information, please select:

Make Changes