

**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 #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-2052749	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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 _____ FL Zip Code _____			
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 registering) <small>Signature, typed or printed name of registered agent and title if applicable</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	CREIPAS, JACK S JR 2375 TAMiami TRAIL NORTH STE 208C NAPLES, FL 34103		TITLE NAME STREET ADDRESS CITY - ST - ZIP	CRIFASI, JACK J JR. 2375 TAMiami TRAIL NORTH STE 208C NAPLES, FL 34103	
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	
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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>[Signature]</i> 4/9/07 239-394-7000					



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