# 2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000089872

Entity Name: CRISAFI SERVICES, INC.

#### **Current Principal Place of Business:**

WATSON MUNDOFF BROOKS & SEPIC LLP 720 VANDERBILT ROAD CONNELLSVILLE, PA 15425

## **Current Mailing Address:**

WATSON MUNDOFF BROOKS & SEPIC LLP 720 VANDERBILT ROAD CONNELLSVILLE, PA 15425 US

## FEI Number: 45-0521825

## Name and Address of Current Registered Agent:

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

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.

SIGNATUR	E: LISA M NUDO PERSONAL REPRESENT.	ATIVE OF THE	ESTATE OF PATSY J	04/02/2014
	Electronic signature of Registered Agent			Date
Officer/Director Detail :				
Title	P	Title	VP	
Name	CRISAFI, PATSY J	Name	NUDO, LISA	
Address	1991 RYAN ROAD	Address	448 NARROWS ROAD	
City-State-Zip	ST. AUGUSTINE FL 32092	City-State-Zip:	CONNELLSVILLE PA 15425	
Title	S	Title	т	
Name	CARTER, JACKIE	Name	CARTER, JACKIE	
Address	6805 COUNTY ROAD 208	Address	6805 COUNTY ROAD 208	
City-State-Zip	ST. AUGUSTINE FL 32092	City-State-Zip:	ST. AUGUSTINE FL 32092	

I hereby 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 all other like empowered.

SIGNATURE: LISA M. NUDO, PERSONAL REPRESENTATIVE OF PER THE ESTATE OF PATSY J. CRISAFI, DECEASED REF

PERSONAL REPRESENTATIVE 04/02/2014

Electronic Signature of Signing Officer/Director Detail

#### Certificate of Status Desired: No