

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000068790

**Entity Name:** CRISS, INC.

**Current Principal Place of Business:**

5695 BOB WHITE TRL  
MIMS, FL 32754

**Current Mailing Address:**

5695 BOB WHITE TRL  
MIMS, FL 32754

**FEI Number:** 20-1053379

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CRISS, DANIEL R  
5695 BOB WHITE TRL  
MIMS, FL 32754 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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P	Title	V
Name	CRISS, LISA E	Name	CLIFT, JOHN R
Address	5695 BOB WHITE TRL	Address	4207 PONDAPPLE DR
City-State-Zip:	MIMS FL 32754	City-State-Zip:	TITUSVILLE FL 32796
Title	S	Title	D
Name	CRISS, CHRISTOPHER D	Name	CRISS, DANIEL R
Address	5695 BOB WHITE TRL	Address	5695 BOB WHITE TRL
City-State-Zip:	MIMS FL 32754	City-State-Zip:	MIMS FL 32754

*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:** DANIEL R. CRISS

**AGENT**

**02/10/2015**

Electronic Signature of Signing Officer/Director Detail

Date