

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000045045

**Entity Name:** FOR CRIPES' SAKE INC.

**Current Principal Place of Business:**

137 SW SARATOGA AVE  
PORT ST LUCIE, FL 34953

**Current Mailing Address:**

137 SW SARATOGA AVE  
PORT ST LUCIE, FL 34953 US

**FEI Number:** 65-0836956

**Certificate of Status Desired:** No

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

CRIFE, CHERYL LYNN  
137 SW SARATOGA AVE  
PORT ST LUCIE, FL 34953 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:** CHERYL L CRIFE

04/06/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PST  
Name CRIFE, CHERYL LYNN  
Address 137 SW SARATOGA AVE  
City-State-Zip: PORT ST LUCIE FL 34953

Title V.P.  
Name CRIFE, TERRANCE ALLEN  
Address 137 SW SARATOGA AVE  
City-State-Zip: PORT ST LUCIE FL 34953

*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:** CHERYL L. CRIFE

**PRESIDENT**

04/06/2024

Electronic Signature of Signing Officer/Director Detail

Date