2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

indicated on this report or sup of the corporation or the recei changed, or on an attachme

SIGNATURE:

May 04, 2005 08:00 AM Secretary of State **DOCUMENT # 857896** 1. Entity Name CRIS & SONS, INC. Principal Place of Business Mailing Address 1271 LAQUINTA DR 1271 LAQUINTA DR STE, 3 STF 3 ORLANDO FL 32809 ORLANDO FL 32809 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) 1st MOORE 4. FEI Number Applied For City & State City & State 22-2465376 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CRISCUOLO, SAL 2431 CALEDONIAN ST. Street Address (P.O. Box Number is Not Acceptable) CLERMONT FL 34711 City 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. DATE (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 8. After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Change Addition TITLE PTD ☐ Delete TETT F CRISCUOLO, SALVATORE NAME NAME <u> U</u>QOQQQO3615QS 2431 CALEDONIAN ST. SUBJECT ADDRESS. STREET ADDRESS 05/05/05-80080-002 150.00 CLERMONT FL 34711 CHY-51-24 CITY-ST-ZIP Addition ☐ Change Delete Litt THLE CRISCUOLO, BARBARA NAM NAME 2431 CALEDONIAN ST. STREET ADDRESS STREET ADDRESS. CLERMONT FL 34711 CITY ST-ZIP CHY-SI-ZIP <u></u> Δ. ι.::: Change Delete inte NAME HALAF STREET ADDRESS STAFFT ADDRESS CITY-SI-ZIP CHY-ST-ZIP DHE Delete njer Change NAME NAMi STREET ADDRESS CIRLET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE Change T Adding Delete (III) MALGE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP BILLE Delete 3311) ☐ Change ☐ Aui." NAME NAME SURFET ADDRESS STREET ADDRESS CITY ST-7/P CHY-ST-ZIP thon supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information blemental 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 direction or block 11 true for trustee of powered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 12. I hereby certify that the inform

with all other like empowered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Davimo Phone #