


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2006 8:00 am**  
**Secretary of State**

01-27-2006 90036 007 \*\*\*150.00

|                                |   |
|--------------------------------|---|
| <b>DOCUMENT # F04000003836</b> |  |
|--------------------------------|---|

1. Entity Name  
**CHRISLIN INDUSTRIES, INC.**

|   |   |
|---|---|
| Principal Place of Business<br><b>2440 MILLCREEK LANE #101<br/>NAPLES, FL 34119</b> | Mailing Address<br><b>2338 IMMOKALEE RD #343<br/>NAPLES, FL 34110</b> |
|---|---|

|  |   |
|--|---|
| 2. Principal Place of Business<br><b>1810 Senegal Date Dr.</b> | 3. Mailing Address<br>Suite, Apt. #, etc. |
|--|---|

|                                  |                       |
|----------------------------------|-----------------------|
| City & State<br><b>Naples FL</b> | City & State          |
| Zip<br><b>34119</b>              | Country<br><b>USA</b> |



01172006 Chg-P CR2E034 (11/05)

|                                    |                               |
|------------------------------------|-------------------------------|
| 4. FEI Number<br><b>95-3053788</b> | Applied For<br>Not Applicable |
|------------------------------------|-------------------------------|

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SEESE, CHRISTINE  
2440 MILLCREEK LANE #101  
NAPLES, FL 34119**

**7. Name and Address of New Registered Agent**

|   |
|---|
| Name<br><b>Christine Seese</b>  |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>1810 Senegal Date Dr</b> |
| City<br><b>Naples</b>   |
| FL Zip Code<br><b>34119</b>   |

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 **Christine Seese**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1/17/06**  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

|  |   |                                 |
|--|---|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>CPT<br/>SEESE, CHRISTINE<br/>2338 IMMOKALEE RD #344<br/>NAPLES, FL 34110</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VCVD<br/>SIROIS, LINDA<br/>3445 GRAND CYPRESS<br/>NAPLES, FL 34119</b>       | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S<br/>SIROIS, LINDA<br/>3445 GRAND CYPRESS<br/>NAPLES, FL 34119</b>          | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>ROSS, RUTH<br/>3455 GRAND CYPRESS<br/>NAPLES, FL 34119</b>             | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Christine Seese<br/>1810 Senegal Date Dr.<br/>Naples, FL 34119</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>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.**