

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90149 031 ***150.00

DOCUMENT # G76648

1. Entity Name
CRISP & HARRISON AGENCY, INC.



Principal Place of Business
**11555 CENTRAL PKWY
SUITE 601
JACKSONVILLE, FL 32224 US**

Mailing Address
**11555 CENTRAL PKWY
SUITE 601
JACKSONVILLE, FL 32224 US**



01032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2358833

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CRISP, DARRYL W.
11555 CENTRAL PKWY
STE 601
JACKSONVILLE, FL 32224**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

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	CEO
NAME	CRISP, DARRYL W.
STREET ADDRESS	1748 SCOTT RD.
CITY-ST-ZIP	AMELIA ISLAND, FL
TITLE	ST
NAME	CRISP, DARRYL W.
STREET ADDRESS	1748 SCOTT RD.
CITY-ST-ZIP	AMELIA ISLAND, FL
TITLE	PD
NAME	LESLIE E. SAMUELS
STREET ADDRESS	408 SNAPPING TURTLE COURT EAST
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32233
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-22-06

Date

904-721-9112

Daytime Phone #