

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000011159

FILED
Oct 06, 2006
Secretary of State

Entity Name: CREISOR, INC.

Current Principal Place of Business:

1303 WISCONSIN AVENUE
LYNN HAVEN, FL 32444

New Principal Place of Business:

Current Mailing Address:

1303 WISCONSIN AVENUE
LYNN HAVEN, FL 32444

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ROSIER, MARCUS Y
1303 WISCONSIN AVENUE
LYNN HAVEN, FL 32444 US

Name and Address of New Registered Agent:

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: MARCUS Y. ROSIER

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CRITTEN, DAVERON
Address: 1300 STEPHENS DRIVE
City-St-Zip: PANAMA CITY, FL 32405

Title: V () Delete
Name: ROSIER, BYRON O
Address: 616 GORE AVENUE
City-St-Zip: TALLAHASSEE, FL 32310

Title: T () Delete
Name: CRITTEN, LINDSAY L
Address: 1300 STEPHENS DRIVE
City-St-Zip: PANAMA CITY, FL 32405

Title: S () Delete
Name: ROSIER, MELANIE
Address: 1004 BERWICK CIRCLE
City-St-Zip: LYNN HAVEN, FL 32444

Title: M () Delete
Name: ROSIER, DAWN
Address: 616 GORE AVENUE
City-St-Zip: TALLAHASSEE, FL 32310 LE

Title: M () Delete
Name: ROSIER, DAVID J JR.
Address: 1004 BERWICK CIRCLE
City-St-Zip: LYNN HAVEN, FL 32444 BA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CRITTEN, DAVERON R
Address: 1305 KRISTANNA DRIVE
City-St-Zip: PANAMA CITY, FL 32405

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: CRITTEN, LINDSAY L
Address: 1305 KRISTANNA DRIVE
City-St-Zip: PANAMA CITY, FL 32405

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDSAY L. CRITTEN

S

10/06/2006

Electronic Signature of Signing Officer or Director

Date