

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # N05000011159

1. Entity Name  
CREISOR, INC.



Principal Place of Business  
1303 WISCONSIN AVENUE  
LYNN HAVEN, FL 32444

Mailing Address  
1303 WISCONSIN AVENUE  
LYNN HAVEN, FL 32444



04102007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

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

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

**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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000706798  
04/24/07-80048-017 70.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CRITTEN, DAVERON R 1305 KRISTANNA DRIVE PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROSIER, BYRON O 616 GORE AVENUE TALLAHASSEE, FL 32310
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CRITTEN, LINDSAY L 1305 KRISTANNA DRIVE PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROSIER, MELANIE 1004 BERWICK CIRCLE LYNN HAVEN, FL 32444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M ROSIER, DAWN 616 GORE AVENUE TALLAHASSEE, FL 32310
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M ROSIER, DAVID J JR. 1004 BERWICK CIRCLE LYNN HAVEN, FL 32444

**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 617, 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

04/10/07  
Date

(850) 765-5442  
Daytime Phone #