

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 02, 2008 8:00 am**  
**Secretary of State**

06-02-2008 90007 050 \*\*\*150.00

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| <b>DOCUMENT # P01000054343</b><br>1. Entity Name<br><b>KRISMARK, INC.</b>  |  |   |  |   |  |
| Principal Place of Business<br><b>6125 DEL RIO DR.<br/>PORT ORANGE, FL 32127</b>   |  |   | Mailing Address<br><b>1515 RIDGEWOOD AVE<br/>HOLLY HILL, FL 32117 US</b> |  |  |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address  |  |  |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |  |  |  |
| City & State   |  | City & State  |  | 4. FEI Number<br><b>59-3722355</b>   |  |
| Zip  |  | Country   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>LOGUIDICE, JOE<br/>1515 RIDGEWOOD<br/>HOLLY HILL, FL 32117</b>   |  |   |  | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)<br>Signature, typed or printed name of registered agent and title if applicable.  |  |   |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 12, 2008</b>   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>             |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>WATSON, MICHAEL M JR.<br>6125 DEL RIO DR.<br>PORT ORANGE, FL 32127 |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Delete  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VSTD<br>WATSON, KRISTIN E<br>6125 DEL RIO DR.<br>PORT ORANGE, FL 32127   |   | 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"/> Delete  |   | 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"/> Delete  |   | 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"/> Delete  |   | 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"/> Delete  |   | 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. |  |   |  |  |  |
| <b>SIGNATURE:</b> _____<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  |   | Date: <b>5/1/8</b> Daytime Phone #: <b>386-316-9514</b>                  |  |  |