

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90252 044 ***150.00

DOCUMENT # P01000106669

1. Entity Name

CRIS FIT, INC.



Principal Place of Business

2201 FEATHER SOUND DR
CLEARWATER FL 33762

Mailing Address

2897 LA CONCHA DR
CLEARWATER FL 33762

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

2823 Bullard Drive

Suite, Apt. #, etc.

City & State

Clearwater,

Zip

Country

Zip

FLORIDA

Country

33762

4. FEI Number

59-3754481

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



MOORE

CR2E034 (11/03)

6. Name and Address of Current Registered Agent

FAZLIN, CHRISTINA M
12000 28TH STREET N
ST PETERSBURG FL 33716

7. Name and Address of New Registered Agent

Christina M. Fazlin

Street Address (P.O. Box Number is Not Acceptable)

2823 Bullard Drive

Clearwater

FL

Zip Code 33762

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME FAZLIN, CHRISTINA M
STREET ADDRESS 12000 28TH STREET N 2823 Bullard Drive
CITY-ST-ZIP ST PETERSBURG FL 33716 Clearwater, FL 33762

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Christina M. Fazlin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/04

Date

(727) 580-7012

Daytime Phone #