

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # P02000063001

1. Entity Name

CRISTE ENTERPRISES, INC.



Principal Place of Business

3030 BUTLER RIDGE RD
DELTONA FL 32738

Mailing Address

3030 BUTLER RIDGE RD
DELTONA FL 32738



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number 04-3682058

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRISTE, BRIAN
3030 BUTLER RIDGE RD
DELTONA FL 32738

Name

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

City

FL

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

Brian Criste Brian Criste President

4/16/08

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

(NOTE: Registered Agent's signature required when removing agent)

DATE

FILE NOW!!! - FEE IS \$150.00
After May 1, 2008 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME CRISTE, BRIAN
STREET ADDRESS 3030 BUTLER RIDGE RD
CITY- ST- ZIP DELTONA FL 32738

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP 000000911750
05/07/08-80052-023 150.00

TITLE D ☐ Delete
NAME CRISTE, JUSTINE
STREET ADDRESS 3030 BUTLER RIDGE RD
CITY- ST- ZIP DELTONA FL 32738

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Brian Criste
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/08

407-324-2222

Legal

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