

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90274 037 ***150.00

DOCUMENT # P03000018067

1. Entity Name
CRISPINO'S INC.



Principal Place of Business
**2458 PGA BOULEVARD
PALM BEACH GARDENS, FL 33410**

Mailing Address
**2458 PGA BOULEVARD
PALM BEACH GARDENS, FL 33410**

20041100



2. Principal Place of Business

3. Mailing Address

2401 PGA Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

280

04192005

Chg-P

CR2E034 (10/03)

City & State

City & State

Palm Beach Gardens

4. FEI Number

20-0111454

Applied For

Not Applicable

Zip

Country

Zip

33410

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**STONE, ADELE I ESQ.
1946 TYLER STREET
HOLLYWOOD, FL 33020**

7. Name and Address of New Registered Agent

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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MR
GIARDINI, CARMINE C MR.
50 N. BEACH RD.
HOBE SOUND, FL 33458**

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
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☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/05 (561) 627-3855X1