

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000030671

1. Entity Name  
CORPORATE CRISIS MANAGEMENT, INC.



**FILED**  
**Feb 26, 2007 08:00 AM**  
**Secretary of State**

Principal Place of Business  
13302 WINDING OAK COURT  
SUITE B  
TAMPA, FL 33612

Mailing Address  
13302 WINDING OAK COURT  
P.O. BOX 280418  
TAMPA, FL 33682



02232007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
48-1304054

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

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

DEAN, MICHAEL J  
1425 SAN MATEO DRIVE  
DUNEDIN, FL 34698

**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 transacting) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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  
CEO  
FOJT, DIANE F  
P.O. BOX 280418  
TAMPA, FL 33682

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CFO  
DEAN, MICHAEL J  
1425 SAN MATEO DRIVE  
DUNEDIN, FL 34698

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
AUSTIN, MICHAEL  
7410 CLEARVIEW DR  
TAMPA, FL 33634

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
COLLINS, HEATHER  
2205 ANDRE DR  
LUTZ, FL 33549

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
TABLER, ROBERT  
5013 GAINESVILLE DRIVE  
TAMPA, FL 33617

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000647394  
03/06/07-80071-016 150.00

**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 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

2/22/07 813-932-9112  
Date Daytime Phone #