

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90051 043 ***150.00

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1. Entity Name

CRISCO REPAIR AND RESURFACING, INC.



Principal Place of Business

1636 MORNINGSIDE DR.
MIDDLEBURG FL 32068

Mailing Address

1636 MORNINGSIDE DR.
MIDDLEBURG FL 32068

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

CRISCO REPAIR RESURFACING

3. Mailing Address

4067 Madison Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4067 Madison Ave

4067 Madison Ave

City & State

City & State

Orange Park FL 32065

Orange Park FL

Zip

Country

Zip

Country

32065

USA

32065

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRISCO, JASON L
1636 MORNINGSIDE DR.
MIDDLEBURG FL 32068

Name

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

2302 Felucca Dr Middleburg FL 32068

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete
NAME CRISCO, JASON L
STREET ADDRESS 1636 MORNINGSIDE DR.
CITY- ST- ZIP MIDDLEBURG FL 32068

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

TITLE V ☐ Delete
NAME CRISCO, RUSSELL L
STREET ADDRESS 1636 MORNINGSIDE DR.
CITY- ST- ZIP MIDDLEBURG FL 32068

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #