

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000061970

**FILED**  
**Mar 19, 2012**  
**Secretary of State**

**Entity Name:** CRISCO REPAIR AND RESURFACING, INC.

**Current Principal Place of Business:**

994 BLANDING BLVD. SUITE #109  
ORANGE PARK, FL 32065

**New Principal Place of Business:**

**Current Mailing Address:**

994 BLANDING BLVD. SUITE #109  
ORANGE PARK, FL 32065

**New Mailing Address:**

**FEI Number:** 57-1169378

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CRISCO, JASON L  
1635 NIGHT OWL TRAIL  
MIDDLEBURG, FL 32068 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: CRISCO, JASON L  
Address: 1635 NIGHT OWL TRAIL  
City-St-Zip: MIDDLEBURG, FL 32068

Title: V  
Name: CRISCO, RUSSELL L  
Address: 3072 LONGLEAF RANCH CIR.  
City-St-Zip: MIDDLEBURG, FL 32068

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JASON L. CRISCO

PRES

03/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date