

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000089872

Entity Name: CRISAFI SERVICES, INC.

**FILED**  
**May 02, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2001 RYAN ROAD  
ST. AUGUSTINE, FL 32092

**New Principal Place of Business:**

**Current Mailing Address:**

2001 RYAN ROAD  
ST. AUGUSTINE, FL 32092

**New Mailing Address:**

FEI Number: 45-0521825

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CRISAFI, PATSY J  
1991 RYAN ROAD  
ST. AUGUSTINE, FL 32092 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: P  
Name: CRISAFI, PATSY J  
Address: 1991 RYAN ROAD  
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: VP  
Name: NUDO, LISA  
Address: 448 NARROWS ROAD  
City-St-Zip: CONNELLSVILLE, PA 15425

Title: S  
Name: CARTER, JACKIE  
Address: 1991 RYAN ROAD  
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: T  
Name: CARTER, JACKIE  
Address: 1191 RYAN ROAD  
City-St-Zip: ST. AUGUSTINE, FL 32092

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: PATSY J CRISAFI

PRES

05/02/2012

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

\_\_\_\_\_  
Date