

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000068790

Entity Name: CRISS, INC.

FILED
Mar 20, 2008
Secretary of State

Current Principal Place of Business:

4137 FITZROY REEF DR.
MIMS, FL 32754

New Principal Place of Business:

5695 BOB WHITE TRL
MIMS, FL 32754

Current Mailing Address:

4137 FITZROY REEF DR.
MIMS, FL 32754

New Mailing Address:

5695 BOB WHITE TRL
MIMS, FL 32754

FEI Number: 20-1053379

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRISS, DANIEL R
4137 FITZROY REEF DRIVE
MIMS, FL 32754 US

Name and Address of New Registered Agent:

CRISS, DANIEL R
5695 BOB WHITE TRL
MIMS, FL 32754 US

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:

03/20/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CRISS, LISA E
Address: 3558 ROYAL OAK DRIVE
City-St-Zip: TITUSVILLE, FL 32780

Title: V () Delete
Name: CLIFT, JOHN R
Address: 4207 PONDAPPLE DR
City-St-Zip: TITUSVILLE, FL 32796

Title: S () Delete
Name: CRISS, CHRISTOPHER D
Address: 4137 FITZROY REEF DR
City-St-Zip: MIMS, FL 32754

Title: D () Delete
Name: CRISS, DANIEL R
Address: 3558 ROYAL OAK DR
City-St-Zip: TITUSVILLE, FL 32780

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CRISS, LISA E
Address: 5695 BOB WHITE TRL
City-St-Zip: MIMS, FL 32754

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: CRISS, CHRISTOPHER D
Address: 5695 BOB WHITE TRL
City-St-Zip: MIMS, FL 32754

Title: D (X) Change () Addition
Name: CRISS, DANIEL R
Address: 5695 BOB WHITE TRL
City-St-Zip: MIMS, FL 32754

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LISA E CRISS

P

03/20/2008

Electronic Signature of Signing Officer or Director

Date