2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2005 8:00 am Secretary of State

352 563 5004 Daytime Phone #

DOCUMENT # P04000117581 1. Entity Name CRISLER, INC							05-03-2005 90076 039 ***150.00				
Principal Place of Business Mailing Address							1				
645 NE 2ND AVE				PO BOX 925			·				
CRYSTAL RIVER, FL 34428				CRYSTAL RIVER, FL 34423							
							(120)1251111		II 11981 1211 1886		11881 (L 188)
2. Principal Place of Business				3. Mailing Address							
Z. Frincipal Flace of business				G. Maining Address				88111 011011 00111 00111 0011			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			04262005	Chg-P	CR2E03	4 (10/03)	
City & State				City & State			4. FEI Numbe		46		pplied For at Applicable
Zip	Country			Zip Coun		try	5. Certificate of Status Desired S8.75 Additional Fee Required			litional	
6. Name and Address of Current			rrent Regis	tered Agent			7. Name and	Address of New R		<u> </u>	<u>a</u>
or remained and remained or out out the ground of regular						Name					
GARRICK, JOSEPH						Street Address (P.O. Box Number is Not Acceptable)					
502 NW 6TH STREET CRYSTAL RIVER, FL 34428						Street Address (F.O. Box Number is Not Acceptable)					
• .		2, 3.				City			FL	Zip Code	0
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											
Signeture, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
FiL After Ma	É NOW!!! ay 1, 200	FEE IS \$150.0 5 Fee will be \$	0 550.00	9. Election Campa Trust Fund Con			.00 May Be ed to Fees				
10.		OFFICERS	AND DIREC	CTORS	11.		ADDITIONS/	CHANGES TO OFF	CERS AND I	DIRECTORS	S IN 11
TITLE	D	6.6		☐ Delete	TITLE					☐ Change	Addition
NAME	GARRICK	(, JOSEPH D			NAM						
STREET ADDRESS CITY-ST-ZIP	PO BOX 1773				ET ADDRESS -ST-ZIP						
TITLE	D	NIVER; NE 3442		☐ Delete	TITLE					Channe	C Addition
NAME	-	C, DAVID M		TT Delete	NAM	ľ				☐ Change	☐ Addition
STREET ADDRESS	I				ET ADDRESS						
CITY-ST-ZIP	CRYSTAL RIVER, FL 34423				CITY	-ST-ZIP		_			
TITLE				Defete	TITLE					☐ Change	Addition
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CITY-ST-ZIP						-SI-ZIP					
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CITY-ST-ZIP				·	СПУ	-ST-ZIP					
TITLE				Delete	TITLE					Change	Addition
NAME STREET ADDRESS					NAMI STRE	ET ADDRESS					
CFTY-ST-ZIP					- 4	-ST-ZIP					į
12. I hereby o	certify that th	e information supplie	d with this fi	ling does not qualify fo	r the exe	mption stated in Se	ction 119.07(3)(i), Florida Statutes. I	further certif	y that the in	nformation
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 attaching with an address, with all ptop like empowered.											

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR