

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 15, 2007 8:00 am
Secretary of State

5/1

05-10-2007 90028 042 ***150.00

DOCUMENT # P05000136015

1. Entity Name
CHRISANIS II, INC.



Principal Place of Business
**343 BAHIA BLANCA DRIVE
PUNTA GORDA, FL 33983 US**

Mailing Address
**343 BAHIA BLANCA DRIVE
PUNTA GORDA, FL 33983 US**

66019175



01142007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3600990

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PROKOS, ANDREW
343 BAHIA BLANCA DRIVE
PUNTA GORDA, FL 33983**

**DO NOT WRITE
IN THIS SPACE**

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

Andrew Prokos **PRESIDENT**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-25-07

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PROKOS, ANDREW 343 BAHIA BLANCA DRIVE PUNTA GORDA, FL 33983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PROKOS, SARAH 343 BAHIA BLANCA DRIVE PUNTA GORDA, FL 33983
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Andrew Prokos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-11-07

DATE

Daytime Phone #