

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2006 8:00 am
Secretary of State

05-12-2006 90026 027 ***158.75

DOCUMENT # P05000161271

1. Entity Name
CRISPIN SERVICES CORPORATION



Principal Place of Business
**1954 MARTINA ST
 APOPKA, FL 32703**

Mailing Address
**1954 MARTINA ST
 APOPKA, FL 32703**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4202006 Chg-P CR2E034 (11/05)

4. FEI Number
75-3208116 Applied For
 Not Applicable

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



6. Name and Address of Current Registered Agent

**CRISPIN, NELSON
 1954 MARTINA ST
 APOPKA, FL 32703**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

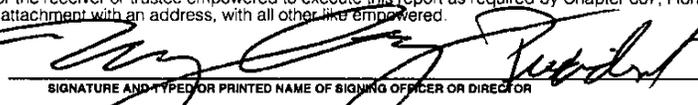
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRISPIN, NELSON 1954 MARTINA ST APOPKA, FL 32703 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRISPIN, CINDY 1954 MARTINA ST APOPKA, FL 32703 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **4/15/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
40091574
Division of Corporations

158-75
=

www.sunbiz.org

Annual Report

Annual Report Help

Document Number
P05000161271
Business Entity Name

CRISPIN SERVICES CORPORATION

FBI Number

FBI Number Status

Listed Above Applied For Not Applicable

Certificate of Status Desired

Yes No \$8.75 each

Election Campaign Financing Trust Fund Contribution

Yes No

Principal Place of Business

Address 1954 MARTINA ST
Suite, Apt. #, etc.
City, State APOPKA FL
Zip Code & Country 32703

Mailing Address

Address 1954 MARTINA ST
Suite, Apt. #, etc.
City, State APOPKA FL
Zip Code & Country 32703

Name and Address of Registered Agent

Name (Last, First, Middle, Title) CRISPIN NELSON

- OR -

Business to serve as RA

Address (PO Box is not acceptable) 1954 MARTINA ST
Suite, Apt. #, etc.
City, State APOPKA FL
Zip Code & Country 32703 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business