


FILED
Aug 24, 2007 8:00 am
Secretary of State

08-06-2007 90032 027 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000153493			
1. Entity Name CRISPJO MEDICAL & ARTS, INC.			
Principal Place of Business 4649 32ND CT E BRADENTON, FL 34203		Mailing Address 4649 32ND CT E BRADENTON, FL 34203	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent CONTARDO, JOAN P 4649 32ND CT E BRADENTON, FL 34203		7. Name and Address of New Registered Agent Name: DONALD H. HECKMAN Street Address (P.O. Box Number is Not Acceptable): C/O D & K ACCOUNTING 2335 J 63RD AVE EAST City: BRADENTON FL Zip Code: 34203	
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: <u>Donald H. Heckman - President</u> DATE: <u>7/31/07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-naming)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PT CONTARDO, JOAN P 4649 32ND CT E BRADENTON, FL 34203 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Joan P. Contardo</u> <u>President</u> DATE: <u>7/31/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

ATTACHMENT

66021382

August 1, 2007

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Crispjo Medical & Arts, Inc. (P06000153493)

Gentlemen:

Enclosed please find the 2007 Annual Report properly executed along with the require payment of \$150.00. In a recent discussion with our new accountant we determined that this return was not filed because we never received a notification for renewal. The accountant indicated that I should have received a post card type of reminder but do not recall receiving the document.

We have changed the registered agent to our new accounting service: D&K Quality Accounting & Tax Service, Inc to avoid this problem in the future. We ask that your office accept this return as timely filed and place our corporation in good standing with the State of Florida.

If you have any questions or require further information please feel free to contact our accounting service, Donald H. Heckman, at 941-751-4768. Thank you for your assistance and cooperation in this matter.

Sincerely,

 President

Joan Contardo-President
Crispjo Medical & Art, Inc.

CC: D&K Quality Accounting & Tax Service, Inc.