


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000054599 1. Entity Name CHRISAN, INC.	
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FILED
Aug 29, 2007 08:00 AM
Secretary of State

Principal Place of Business 4060 FERDON BLVD CRESTVIEW, FL 32536 US	Mailing Address 4060 FERDON BLVD CRESTVIEW, FL 32539 US
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05032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3206700	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DAGGS, SAUNDRA M 4060 SOTH FERDON BLVD CRESTVIEW, FL 32536
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

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

U000000772934
08/29/07-80003-008 550.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAGGS, SAUNDRA M 4060 SOUTH FERDON BLVD. CRESTVIEW, FL 32536
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSLEY, PATRICIA A 105 JACOB DRIVE CRESTVIEW, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAGGS, CHRISTOPHER 4060 S. FERDON BLVD CRESTVIEW, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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:

Saundra M. Dagg President Aug. 25 2007 (850) 692-2921
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #