

**FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90377 011 \*\*\*150.00

DOCUMENT # 201, Cor Profit AR

1. Entity Name

Crisler Const. Co. Inc.  
P.O. Box 999  
Fernandina Beach, Fla. 32034



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

225 North 14th St  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 999  
Suite, Apt. #, etc.

**60024366**

CR2E034B (8/05)

City & State

Fernandina Beach, Fla.  
32034 USA

City & State

Fernandina Beach, Fla.  
32034 USA

4. FEI Number

59-3272945

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name Gracie Crisler

Street Address (P.O. Box Number is Not Acceptable)  
2059 Oak Marsh Dr

City Fer. Beach

**FL**

Zip Code 32034

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended AR is \$61.25**

Renewal for 2006

**Make Check Payable to Florida Department of State**

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	<u>James N. Crisler</u> <u>2059 Oak Marsh Dr</u> <u>Fer. Beach, Fla 32034</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Gracie G. Crisler</u> <u>2059 Oak Marsh Dr</u> <u>Fer. Beach, Fla 32034</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Stanley J. Crisler</u> <u>225 N. 14th St</u> <u>Fer. Beach, Fla 32034</u>

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Gracie G. Crisler

3/28/06

Date

904-261-2852

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

To: Div. of Corp. ATTACHMENT  
P.O. Box 1500 # P94000078503  
Tallahassee, Fla. 32302-1500  
60024366

MS CRISHNER  
PO BOX 999  
FERNANDINA BEACH FL 32034

Fla. Dept of Stat.  
\$ 150.00  
Jan 1 - May 1

Request taken by: rawoodall  
03-24-2006

The forms you recently requested from this office are:

- (1) 201. COR Profit A/R

Should you have any questions or need any further information,  
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

Attn: Enclosed  
Annual Report Fee \$150.00 \*\*\*  
Fla. Dept of State  
P.O. Box 6327  
Tallahassee, Fla 32314  
Div. of Corp.  
P.O. Box 1500  
Tallahassee,  
Fla 32302-1500