

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2008 08:00 AM
Secretary of State

DOCUMENT # P94000078503

1. Entity Name

CRISHER CONSTRUCTION, INC.



Principal Place of Business

225 N. 14TH STREET
FERNANDINA BEACH FL 32034

Mailing Address

PO BOX 999
FERNANDINA BEACH FL 32034



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3272945

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRISHER, GRACIE
2059 OAK MARSH DR
FERNANDINA BEACH FL 32034

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

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME CRISHER, STANLEY J
STREET ADDRESS 225 N. 14TH STREET
CITY-ST-ZIP FERNANDINA BEACH FL 32034

☐ Change ☐ Addition
NAME U000000818369
STREET ADDRESS 02/15/08-80040-007 150.00
CITY-ST-ZIP

TITLE ☐ Delete
NAME CRISHER, GRACIE G
STREET ADDRESS 2059 OAK MARSH DRIVE
CITY-ST-ZIP FERNANDINA BEACH FL 32034

☐ Change ☐ Addition
NAME U000000818369
STREET ADDRESS 02/15/08-80040-008 8.75
CITY-ST-ZIP

TITLE ☐ Delete
NAME CRISHER, JAMES N -
STREET ADDRESS 2059 OAK MARSH DRIVE
CITY-ST-ZIP FERNANDINA BEACH FL 32034

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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

Gracie G. Crisher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/08

904-261-2852

Date

Days no Phone #