

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000000609

FILED  
Jan 15, 2007  
Secretary of State

Entity Name: CRITICAL INTERVENTION SERVICES, INC.

## Current Principal Place of Business:

1261 S MISSOURI AVE  
CLEARWATER, FL 33756 US

## New Principal Place of Business:

## Current Mailing Address:

1261 S MISSOURI AVE  
CLEARWATER, FL 33756 US

## New Mailing Address:

FEI Number: 59-3286887      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COLA, NICK P CPA  
2759 STATE RD 580  
SUITE 211  
CLEARWATER, FL 34621 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DCEO ( ) Delete  
Name: POULIN, KARL CERNAN  
Address: 2729 BEAGLE PATH WAY  
City-St-Zip: PALM HARBOR, FL 34683

Title: OEVP ( ) Delete  
Name: O'ROURKE, TIM LEE  
Address: 1890 SPRINGWOOD CIRCLE N  
City-St-Zip: CLEARWATER, FL 33763

Title: OSVP ( ) Delete  
Name: SCHOEPP, WILLIAM R  
Address: 2934 STAR APPLE COURT  
City-St-Zip: PALM HARBOR, FL 34684

Title: VPSP ( ) Delete  
Name: GUNDY, GRAIG  
Address: 945 11TH STREET NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33705

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: OSVP (X) Change ( ) Addition  
Name: SCHOEPP, WILLIAM R  
Address: 1291 GOLDEN OAK DRIVE  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM R. SCHOEPP

OSVP

01/15/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date