2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008
Secretary of State

DOCUMENT# P95000000609

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: SCHOEPF, WILLIAM R
Address: 1291 GOLDEN OAK DRIVE
City-St-Zip: TARPON SPRINGS, FL 34689

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

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

I hereby certify that the information supplied with this filing does not qualify 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. SCHOEPF OSVP 01/09/2008

Electronic Signature of Signing Officer or Director Date