

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000027229

1. Entity Name
CRIB 4 LIFE INC



Principal Place of Business
**704 WEST STATE RD. 436
ALTAMONTE SPRINGS, FL 32714**

Mailing Address
**704 WEST STATE RD. 436
ALTAMONTE SPRINGS, FL 32714**



07092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3407366

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LILLO, JAMES
919 SHRIVER CIRCLE
LAKE MARY, FL 32746**

**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

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	LILLO, JAMES
STREET ADDRESS	919 SHRIVER CIRCLE
CITY-ST-ZIP	LAKE MARY, FL
TITLE	P
NAME	STANISZEWSKI, MATT
STREET ADDRESS	919 SHRIVER CIRCLE
CITY-ST-ZIP	LAKE MARY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DOCUMENT# 7212
07/19/04-80018-015 158.75

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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)(f), 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: *James Lillo Vice President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/04 (67) 714-4222

Date

Daytime Phone #