

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # V43227

Entity Name
CRITY-SPLIT SIGN SHOP, CORP.



Principal Place of Business

**691 N COURTENAY
STE B
MERRITT ISLAND, FL 32953 US**

Mailing Address

**691 N COURTENAY
STE B
MERRITT ISLAND, FL 32953 US**



01142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3130199

Applied For
(Not Applicable)

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

6. Name and Address of Current Registered Agent

**EFSTATHIOU, KAREN A.
1264 PINE ISLAND RD
MERRITT ISLAND, FL 32953**

**DO NOT WRITE
IN THIS SPACE**

I, 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
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**1100001347719
01/30/06-80062-001 150.00**

OFFICERS AND DIRECTORS

D
EFSTATHIOU, NICK
1264 PINE ISLAND RD
MERRITT ISLAND, FL 32953

D
EFSTATHIOU, KAREN A.
1264 PINE ISLAND RD
MERRITT ISLAND, FL 32953

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ADDRESS
ST-CP

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ADDRESS
ST-CP

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ADDRESS
ST-CP

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ADDRESS
ST-CP

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IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/06 321-459-0024
Date Daytime Phone