

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2007 08:00 AM
Secretary of State

DOCUMENT # 384289

1. Entity Name
CRESTONE SERVICE CORP.



Principal Place of Business
**511 ST JOHNS AVENUE
BOX 798
PALATKA, FL 32178**

Mailing Address
**511 ST JOHNS AVENUE
BOX 798
PALATKA, FL 32178**



02232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1382855

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SMITH, TITO S
511 ST. JOHNS AVENUE
PALATKA, FL 32177**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**UD00000680894
03/20/07-80016-021 150.00**

10. OFFICERS AND DIRECTORS

TITLE D
NAME MIKELL, J. L.
STREET ADDRESS 511 ST. JOHNS AVENUE
CITY-ST-ZIP PALATKA, FL 32177

TITLE D
NAME HEBEL, L.G.
STREET ADDRESS 2160 DIANA DR.
CITY-ST-ZIP PALATKA, FL 32177

TITLE ST
NAME RIDDICK, MICHAEL L.
STREET ADDRESS 511 ST. JOHNS AVENUE
CITY-ST-ZIP PALATKA, FL 32177

TITLE PD
NAME SMITH, TITO S
STREET ADDRESS 511 ST JOHNS AVE.
CITY-ST-ZIP PALATKA, FL 32177

TITLE D
NAME THOMPSON, J.O.
STREET ADDRESS 511 ST. JOHNS AVE.
CITY-ST-ZIP PALATKA, FL 32177

TITLE D
NAME EASTERLING, R K
STREET ADDRESS 511 ST JOHNS AVE
CITY-ST-ZIP PALATKA, FL 32177

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12. 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:

Tito S. Smith, President 3/10/07 386-326-5335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #