

FILED  
Jul 30, 2004 8:00 am  
Secretary of State

05-21-2004 90002 013 \*\*\*150.00

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P03000099526

1. Entity Name  
CRESCENT PROPERTY MANAGMENT, INC.



Principal Place of Business  
4686 SUNBEAM RD., SUITE 216  
JACKSONVILLE, FL 32257

Mailing Address  
4235 WOODLEY CREEK  
JACKSONVILLE, FL 32218

66431041



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05142004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

14-1897598

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COPELAND, DANIEL M ESQ.  
4686 SUNBEAM RD., SUITE 216  
JACKSONVILLE, FL 32257

Name Daniel M. Copeland

Street Address (P.O. Box Number is Not Acceptable)  
9310 Old Kings Rd South

Blg 15

City Jacksonville

FL

Zip Code  
32257

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

Daniel M. Copeland

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D  
NAME MORRIS, RAYMOND JR.  
STREET ADDRESS 4235 WOODLEY CREEK RD.  
CITY-ST-ZIP JACKSONVILLE, FL 32257 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Daniel M. Copeland

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/19/04 (POV) 405-08...

Date

Daytime Phone #

*Attkins*  
**DANIEL M. COPELAND**  
*Attorney at Law, P.A.*

66431041

July 28, 2004.

Florida Department of State  
Division of Corporations  
PO Box 1500  
Tallahassee, Florida 32302

**Re: Uniform Business Report Filing**  
**Subject: CRESCENT PROPERTY MANAGEMENT, INC.**  
**Document Number: P03000099526**

Dear Sean Toner:

Enclosed please find for filing, the UBR report for the referenced corporation, a copy of a letter sent to us regarding the Annual Uniform Business Report, where you stated that the EIN was missing.

The EIN has been included in the UBR, so please proceed to file this Report. Please update your records with the new UBR report, that includes the EIN and the change of address for the Registered Agent.

Sincerely,

*Kathia Pinto*  
Kathia Pinto

Paralegal to Daniel M. Copeland

/kp

*Handwritten: H. Hedman*  
**DANIEL M. COPELAND**  
*Attorney at Law, P.A.*

*Handwritten: 66431041*  
July 15, 2004.

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314-6198

**Re: Uniform Business Report Filing**  
**Subject: CRESCENT PROPERTY MANAGEMENT, INC.**  
**Document Number: P03000099526**

To Whom It May Concern:

Enclosed please find for filing, the UBR report for the referenced corporation, a copy of a letter sent to us regarding the Annual Uniform Business Report, where you stated that the Report and the \$150.00 were received but **not filed** since the document was missing the EIN, and a receipt from the Division of Corporations.

Since we received the letter regarding the missing EIN, we tried to correct this online but we later learned that we could not do this on line either. (Enclosed receipt, dated 7/14/04)

Please update your records with the new UBR report, that includes the EIN and the change of address for the Registered Agent.

Sincerely,

*Handwritten signature of Daniel M. Copeland*  
Daniel M. Copeland

DMC/kp

Attachment

66481041

| TEMPORARY ADDITIONAL DUTY (TEMADD) TRAVEL ORDERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        |                                                  |                            |                                                                                                                      |                                  |                                                                                                                                                                    |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------------------------------------------|----------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| 1. FROM: COMMANDING OFFICER, NAVAL HOSPITAL<br>JACKSONVILLE, FL 32214-5000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                        |                                                  |                            | 2. STANDARD DOCUMENT NO.<br>N3916904T030025                                                                          |                                  |                                                                                                                                                                    |                          |
| 3. TO: O3 LT MORRIS, RAYMOND<br><br>CARD HOLDER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        |                                                  |                            | 4. TANGO NO.<br>O30025                                                                                               |                                  |                                                                                                                                                                    |                          |
| ORIGINAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |                                                  |                            | 5. SSN/DESIGNATOR<br>436-45-8126                                                                                     |                                  |                                                                                                                                                                    |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        |                                                  |                            | 6. DATE<br>05/17/2004                                                                                                |                                  |                                                                                                                                                                    |                          |
| 7. REF: (A) JFTR/JTR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                                  |                            | 8. <input checked="" type="checkbox"/> INDIVIDUAL TRAVEL <input type="checkbox"/> GROUP TRAVEL                       |                                  |                                                                                                                                                                    |                          |
| 9. PROCEED ON OR<br>ABOUT 04/26/2004                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        | 10. AUTHORIZED PROCEED ON OR<br>ABOUT 04/26/2004 |                            | 11. APPROXIMATE NUMBER OF DAYS<br>(6 (SIX))                                                                          |                                  | 12. ESTIMATED DATE OF RETURN<br>(05/01/2004)                                                                                                                       |                          |
| 13. ITINERARY (Activity/activities and Place/places indicated below)<br>FROM: Jacksonville, Florida<br>TO: Athens, Georgia - (5)<br>& Return                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                        |                                                  |                            | 14. <input checked="" type="checkbox"/> TEMADD <input type="checkbox"/> TEMADDCON <input type="checkbox"/> TEMADDINS |                                  |                                                                                                                                                                    |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        |                                                  |                            | 15. REASON FOR TRAVEL:<br><br>MISSION                                                                                |                                  |                                                                                                                                                                    |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        |                                                  |                            | 16. <input type="checkbox"/> AUTHORIZED VISIT SUCH ADDITIONAL<br>PLACES AS MAY BE NECESSARY                          |                                  |                                                                                                                                                                    |                          |
| 17. FISCAL DATA ACCOUNTING CLASSIFICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |                                                  |                            |                                                                                                                      |                                  |                                                                                                                                                                    |                          |
| APPROPRIATION<br>SYMBOL AND SUB-HEAD<br>(1) (2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | OBJECT<br>CLASS<br>(3) | BU CONT<br>NUMBER<br>(4)                         | SUB-ALLOT<br>NUMBER<br>(5) | AUTHORIZED<br>ACCTG ACTY<br>(6)                                                                                      | TYPE<br>(7)                      | PROPERTY<br>ACCTG ACTY<br>(8)                                                                                                                                      | COST CODE<br>(9)         |
| (7SYM) (4SYM)<br>AA9740130.188D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (3 SYM)<br>210         | (5 SYM)<br>00232                                 | (1 SYM)<br>0               | (6 SYM)<br>088688                                                                                                    | (2 SYM)<br>2D                    | (6 SYM)<br>O30025                                                                                                                                                  | (12 SYM)<br>3916941B116E |
| 18. ESTIMATED COST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                        |                                                  |                            |                                                                                                                      | 19. CUSTOMER IDENTIFICATION CODE |                                                                                                                                                                    |                          |
| TRANSPORTATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | PER DIEM               | MISC. EXP.                                       | TOTAL                      | CASH ADVANCE                                                                                                         |                                  |                                                                                                                                                                    |                          |
| \$0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$559.00               | \$0.00                                           | \$559.00                   | \$0.00                                                                                                               | 3430025N3916900                  |                                                                                                                                                                    |                          |
| 20. ITEM: (Use applicable item numbers as shown on attached sheet)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                        |                                                  |                            |                                                                                                                      |                                  |                                                                                                                                                                    |                          |
| Report to a Disbursing Officer within 10 days after completion of travel to settle your travel expenses.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |                                                  |                            |                                                                                                                      |                                  |                                                                                                                                                                    |                          |
| 21. ADDITIONAL COMMENTS AND INSTRUCTIONS:<br><br>THE TRAVEL AND TRANSPORTATION REFORM ACT OF 1999 STIPULATES THAT THE GOVERNMENT-SPONSORED, CONTRACTOR-ISSUED TRAVEL CARD SHALL BE USED BY ALL U.S. GOVERNMENT PERSONNEL (CIVILIAN AND MILITARY) TO PAY FOR COSTS INCIDENT TO OFFICIAL BUSINESS TRAVEL UNLESS SPECIFICALLY EXEMPTED BY AUTHORITY OF THE ADMINISTRATOR OF GENERAL SERVICES OR THE HEAD OF THE AGENCY. UPON COMPLETION OF TRAVEL PI MUST SUBMIT ORDERS AND DD 1351/2 TO PERSONNEL (CODE 15A) WITHIN FIVE (5) WORKING DAYS. FAILURE TO SUBMIT TRAVEL VOUCHER WILL RESULT IN A RECOUPMENT OF PAY. COMMERCIAL LOGGING IS AUTHORIZED AUTHORIZED ATM ADVANCE OF 0.00. SITE #1: COMMERCIAL MEAL RATE IS DIRECTED. CIC #:<br>3430025N3916900 |                        |                                                  |                            |                                                                                                                      |                                  | 22. SECURITY CLEARANCE:<br>IT IS CERTIFIED THAT YOU<br>HOLD A <u>Not Applicable</u><br>BASED _____<br>COMPLETED _____<br>BY _____<br>(PLUS _____<br>YEARS SERVICE) |                          |
| 23. AUTHENTICATING SIGNATURE<br>P. K. WESSEL, BY DIRECTION <i>[Signature]</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                        |                                                  |                            |                                                                                                                      |                                  |                                                                                                                                                                    |                          |
| 24. TRANSPORTATION REQUEST/MAC TRANSPORTATION AUTHORIZATION FURNISHED:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        |                                                  |                            |                                                                                                                      |                                  |                                                                                                                                                                    |                          |
| 25. COPY TO: (Include Operating Budget/Fund Manager in all cases)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |                                                  |                            |                                                                                                                      |                                  |                                                                                                                                                                    |                          |

ORIGINAL

Attachment  
[REDACTED]  
DANIEL M. COPELAND  
Attorney at Law, P.A.  
DMC 66431041  
#P03000099526

May 19, 2004.

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

**Re: Crescent Property Management, Inc. Annual Uniform Business Report**

To Whom It May Concern:

Enclosed please find a copy of the Temporary Additional Duty Travel Orders for Mr. Raymond Morris Jr., who is the principal officer of Crescent Property Management Inc.

Mr. Raymond Morris is an active Navy officer and Crescent Property Management Inc. is his side business, therefore, due to the activity he had to perform with the United States Navy his omission to file the Uniform Business Report was not intentional.

Sincerely,

  
Daniel M. Copeland P.A.

Enclosure

DMC/kp