


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 OCT -1 PM 12: 24

**DOCUMENT # P98000056664**

1. Entity Name  
G. CRABTREE ENTERPRISES, INC.



Principal Place of Business 7512 DR. PHILLIPS BOULEVARD STE 50-512 ORLANDO, FL 32819	Mailing Address 7512 DR. PHILLIPS BOULEVARD STE 50-512 ORLANDO, FL 32819
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**DO NOT WRITE IN THIS SPACE**



09302004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3518806	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134

**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.

700041562497  
10/04/04--01021--010 \*\*150.00

SIGNATURE: \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	PTD LARSEN, KENNETH R 7512 DR. PHILLIPS BOULEVARD ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD LARSEN, GLORIA B 7512 DR. PHILLIPS BOULEVARD ORLANDO, FL 32819
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**DO NOT WRITE 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)(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: Kenneth Larsen 09/29/04 (321) 231374

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Initials*