

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2004 08:00 AM
Secretary of State

DOCUMENT # 279559

1. Entity Name
HENRY CRESCENT & SONS, INC.



Principal Place of Business
**4023 W. CAYUGA ST
TAMPA, FL 33614 US**

Mailing Address
**P.O. BOX 15476
TAMPA, FL 33684 US**



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1036072

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CRESCENT, H. WAYNE
7106 N TAMPANIA AVE
TAMPA, FL 33614**

**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
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**PT
CRESCENT, WAYNE H.
7106 N TAMPANIA AVE
TAMPA, FL**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VS
CRESCENT, HAROLD
26311 WILLOW ST
BROOKSVILLE, FL 34601**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

000000001594
01/12/04-80016-024 150.00

**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:

H. Wayne Crescent 1/7/04 8138764054

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #