

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 304805

Entity Name: WM. B. CRESSE, INC.

FILED
Jan 07, 2009
Secretary of State

Current Principal Place of Business:

1091 NW 23RD ST
MIAMI, FL 33127

New Principal Place of Business:

117 COMMERCE AVE
LAKE PLACID, FL 33852

Current Mailing Address:

1091 NW 23RD ST
MIAMI, FL 33127

New Mailing Address:

PO BOX 906
LAKE PLACID, FL 33862

FEI Number: 59-1141059

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRESSE, WILLIAM M.
1091 NW 23RD STREET
MIAMI, FL 33127 US

Name and Address of New Registered Agent:

CRESSE, WILLIAM M.
117 COMMERCE AVE
LAKE PLACID, FL 33852 US

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.

SIGNATURE: _____

01/07/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: CRESSE, JOHN B.
Address: 1091 NW 23RD ST
City-St-Zip: MIAMI, FL 33127

Title: PD () Delete
Name: CRESSE, WILLIAM M.,
Address: 1091 NW 23RD ST.
City-St-Zip: MIAMI, FL 33127

Title: SD (X) Delete
Name: CRESSE, EVELYN L
Address: 1091 NW 23 ST
City-St-Zip: MIAMI, FL 33127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: CRESSE, EVELYN F,
Address: PO BOX 906
City-St-Zip: LAKE PLACID, FL 33862

Title: PD (X) Change () Addition
Name: CRESSE, WILLIAM M.,
Address: PO BOX 906
City-St-Zip: LAKE PLACID, FL 33862

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EVELYN CRESSE

VD

01/07/2009

Electronic Signature of Signing Officer or Director

Date