2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 08:00 AM
Secretary of State

DOCUMENT # 348134

1. Entity Name
CRESCENT FINANCIAL INC

Principal Place of Business	Mailing Address
601 II RIVERSIDE AVENUE SUITE 600 JACKSONVILLE, FL 32204 US	PO BOX 40965 JACKSONVILLE, FL 32203

01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0548215
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VARN, LESTER JR.
601 II RIVERSIDE AVE
JACKSONVILLE, FL 32204

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	VARN, LESTER, JR.
STREET ADDRESS	601 II RIVERSIDE AVENUE, #600
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	VD
NAME	VARN, GEORGE W
STREET ADDRESS	601 II RIVERSIDE AVENUE, #600
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	STD
NAME	VARN,III, WILLIAM L
STREET ADDRESS	601 II RIVERSIDE AVENUE, #600
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	ASTD
NAME	VARN, JR., GEORGE W
STREET ADDRESS	601 II RIVERSIDE AVENUE, #600
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	AS
NAME	VARN, MERILL
STREET ADDRESS	601 II RIVERSIDE AVENUE, #600
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	AS
NAME	MADIGAN, EMILY R
STREET ADDRESS	601 II RIVERSIDE AVENUE, #600
CITY-ST-ZIP	JACKSONVILLE, FL 32204

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03/24/05-80052-016 150.00

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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: _____ 3/23/05 904-356-4881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

LESTER VARN, JR., PRESIDENT