


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90068 020 ***150.00

DOCUMENT # 348134 1. Entity Name CRESCENT FINANCIAL INC	
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Principal Place of Business 601 II RIVERSIDE AVENUE SUITE 600 JACKSONVILLE, FL 32204 US	Mailing Address PO BOX 40965 JACKSONVILLE, FL 32203
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DO NOT WRITE IN THIS SPACE



01132006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0548215	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VARN, LESTER JR. 601 II RIVERSIDE AVE JACKSONVILLE, FL 32204

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VARN, LESTER, JR. 601 II RIVERSIDE AVENUE, #600 JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VARN, GEORGE W 601 II RIVERSIDE AVENUE, #600 JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD VARN, III, WILLIAM L 601 II RIVERSIDE AVENUE, #600 JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASTD VARN, JR., GEORGE W 601 II RIVERSIDE AVENUE, #600 JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS VARN, MERILL 601 II RIVERSIDE AVENUE, #600 JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MADIGAN, EMILY R 601 II RIVERSIDE AVENUE, #600 JACKSONVILLE, FL 32204

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.
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SIGNATURE: 	Lester Varn, Jr. =3/9/06	904-356-4881
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>