

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 25, 2006 8:00 am**  
**Secretary of State**

05-25-2006 90013 009 \*\*\*550.00

40094284



05192006 Chg-P CR2E034 (11/05)

4. FEI Number **59-1382855** Applied For ☐ Not Applicable ☐

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

**DOCUMENT # 384289**  
1. Entity Name  
**CRESTONE SERVICE CORP.**



Principal Place of Business  
**511 ST JOHNS AVENUE  
BOX 798  
PALATKA, FL 32178**

Mailing Address  
**511 ST JOHNS AVENUE  
BOX 798  
PALATKA, FL 32178**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

6. Name and Address of Current Registered Agent  
**SMITH, TITO S  
511 ST. JOHNS AVENUE  
PALATKA, FL 32177**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \$550.00  
Due by September 6, 2006**

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MIKELL, J. L.			NAME	MIKELL, J. L.		
STREET ADDRESS	511 ST. JOHNS AVENUE			STREET ADDRESS	511 St. Johns Avenue		
CITY-ST-ZIP	PALATKA, FL 32177			CITY-ST-ZIP	Palatka, FL 32177		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEBEL, L.G.			NAME			
STREET ADDRESS	2160 DIANA DR.			STREET ADDRESS			
CITY-ST-ZIP	PALATKA, FL 32177			CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RIDDICK, MICHAEL L.			NAME	RIDDICK, MICHAEL L.		
STREET ADDRESS	511 ST. JOHNS AVENUE			STREET ADDRESS	511 St. Johns Avenue		
CITY-ST-ZIP	PALATKA, FL 00000,			CITY-ST-ZIP	Palatka, FL 32177		
TITLE	VS	<input checked="" type="checkbox"/> Delete		TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, T.S.			NAME	SMITH, TITO S.		
STREET ADDRESS	511 ST JOHNS AVE.			STREET ADDRESS	511 St. Johns Avenue		
CITY-ST-ZIP	PALATKA, FL 32177			CITY-ST-ZIP	Palatka, FL 32177		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMPSON, J.O.			NAME			
STREET ADDRESS	511 ST. JOHNS AVE.			STREET ADDRESS			
CITY-ST-ZIP	PALATKA, FL 32177			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EASTERLING, R K			NAME			
STREET ADDRESS	511 ST JOHNS AVE			STREET ADDRESS			
CITY-ST-ZIP	PALATKA, FL 32177			CITY-ST-ZIP			

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.

**SIGNATURE:** \_\_\_\_\_ **5/22/06 386-326-5335**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #