


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2005 08:00 AM
Secretary of State

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|--------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # 581694 1. Entity Name CRENSHAW, INC. |  |
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| Principal Place of Business 631 S. RIVERHILLS DRIVE TEMPLE TERR., FL 33617 | Mailing Address 631 S. RIVERHILLS DRIVE TEMPLE TERR., FL 33617 |
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DO NOT WRITE IN THIS SPACE



01242005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-1884028 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent CRENSHAW, WILLIAM ALVA 631 S. RIVERHILLS DRIVE TEMPLE TERR., FL 33617 | DO NOT WRITE IN THIS SPACE |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and file if applicable

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000197674 01/27/05-80019-021 158.75 |
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| 10. OFFICERS AND DIRECTORS | |
|----------------------------------------------------|-------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PSD CRENSHAW, WILLIAM 631 S. RIVERHILLS DRIVE TEMPLE TERR., FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD CRENSHAW, VERDA 631 S. RIVERHILLS DRIVE TEMPLE TERR., FL |
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**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: William A. Crenshaw Jan 24, 2005 813 980 0989
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #