

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # F00000003903

1. Entity Name
CREST NET LEASE, INC.



Principal Place of Business
**220 W. CREST STREET
ESCONDIDO, CA 92025**

Mailing Address
**220 W. CREST STREET
ESCONDIDO, CA 92025**

DO NOT WRITE IN THIS SPACE



01182005 No Chg-P CR2E034 (10/03)

4. FEI Number **33-0887331** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agents signature required when reappointing)

DATE

**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	P
NAME	COLLINS, RICHARD G
STREET ADDRESS	220 W. CREST STREET
CITY - ST - ZIP	ESCONDIDO, CA 92025
TITLE	CD
NAME	LEWIS, THOMAS A
STREET ADDRESS	220 W. CREST STREET
CITY - ST - ZIP	ESCONDIDO, CA 92025
TITLE	D
NAME	SMITH, WILLARD H JR.
STREET ADDRESS	220 W. CREST STREET
CITY - ST - ZIP	ESCONDIDO, CA 92025
TITLE	COO
NAME	MAINO, GARY M
STREET ADDRESS	220 W. CREST STREET
CITY - ST - ZIP	ESCONDIDO, CA 92025
TITLE	CFO
NAME	MEURER, PAUL M
STREET ADDRESS	220 W. CREST STREET
CITY - ST - ZIP	ESCONDIDO, CA 92025
TITLE	S
NAME	PFEIFFER, MICHAEL R
STREET ADDRESS	220 W. CREST STREET
CITY - ST - ZIP	ESCONDIDO, CA 92025

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD G. COLLINS

03-02-05

760-741-2111

Date

Daytime Phone #