


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90045 048 ***158.75

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**

2. Principal Place of Business - No P.O. Box #
600 LA TERRAZA BLVD.

3. Mailing Address
600 LA TERRAZA BLVD.

Suite, Apt. #, etc.

City & State
ESCONDIDO, CA

City & State
ESCONDIDO, CA

Zip
92025

Country
USA

Zip
92025

Country
USA

01082008 Chg-P CR2E034 (12/06)

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**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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	CD	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, RICHARD G		NAME		
STREET ADDRESS	220 W. CREST STREET		STREET ADDRESS	600 LA TERRAZA BLVD.	
CITY-ST-ZIP	ESCONDIDO, CA 92025		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEATHUR, CARY J		NAME		
STREET ADDRESS	220 W. CREST STREET		STREET ADDRESS	600 LA TERRAZA BLVD.	
CITY-ST-ZIP	ESCONDIDO, CA 92025		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, WILLARD H JR.		NAME		
STREET ADDRESS	220 W. CREST STREET		STREET ADDRESS	600 LA TERRAZA BLVD.	
CITY-ST-ZIP	ESCONDIDO, CA 92025		CITY-ST-ZIP		
TITLE	EVP	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALINO, GARY M		NAME		
STREET ADDRESS	220 W. CREST STREET		STREET ADDRESS	600 LA TERRAZA BLVD.	
CITY-ST-ZIP	ESCONDIDO, CA 92025		CITY-ST-ZIP		
TITLE	CFO	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEURER, PAUL M		NAME		
STREET ADDRESS	220 W. CREST STREET		STREET ADDRESS	600 LA TERRAZA BLVD.	
CITY-ST-ZIP	ESCONDIDO, CA 92025		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PFEIFFER, MICHAEL R		NAME		
STREET ADDRESS	220 W. CREST STREET		STREET ADDRESS	600 LA TERRAZA BLVD.	
CITY-ST-ZIP	ESCONDIDO, CA 92025		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:  **MICHAEL R. PFEIFFER** **(760) 741-2111**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #