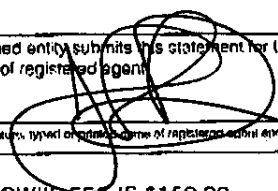
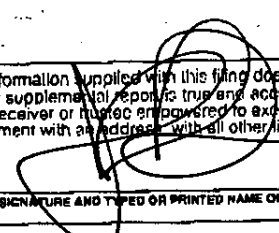


2004 FOR PROFIT CORPORATION
ANNUAL REPORTFILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90260 002 ***150.00

DOCUMENT # F01000000946			
1. Entity Name CRD CONSTRUCTION OF SOUTHWEST FLORIDA, INC.			
Principal Place of Business 181 WEST AVENUE NAPLES, FL 34108		Mailing Address 181 WEST AVENUE NAPLES, FL 34108	
1100 SIXTH AVE SOUTH (NEW ADDRESS)			
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. #227		Suite, Apt. #, etc.	
City & State NAPLES, FLA		City & State	
Zip 34102	Country COLLIER	Zip	Country USA
4. FEI Number 59-3686309		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		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: 		DATE: 4.25.04	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 NAME STREET ADDRESS CITY - ST - ZIP	PCD BARNES, JOEL P 181 WEST AVENUE NAPLES, FL 34108 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST BARNES, JOEL P 181 WEST AVENUE NAPLES, FL 34108 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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: 		DATE: 4.25.04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 239 248 8817	