04/26/2004 09:26 9045439302 ROBERT D HIR

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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

04252004 Chg-P CR2E034 (10/03)

	2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	#227	
City & State	NAPLES, FLA	
Zip	34102	
Country	COLLIER	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**
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: _______________ 4.25.04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

TITLE	PCD	☐ Delete
NAME	BARNES, JOEL P	
STREET ADDRESS	181 WEST AVENUE	
CITY-ST-ZIP	NAPLES, FL 34108	
TITLE	VST	☐ Delete
NAME	BARNES, JOEL P	
STREET ADDRESS	181 WEST AVENUE	
CITY-ST-ZIP	NAPLES, FL 34108	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _______________ 4.25.04 2392488817
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #