2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2009
Secretary of State

DOCUMENT# F04000003000

Entity Name: CREST MANUFACTURING, INC.

Current Principal Place of Business:

520 NORTH REDWOOD ROAD
NORTH SALT LAKE, UT 84054

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 540210
NORTH SALT LAKE, UT 840540210

New Mailing Address:

FEI Number: 87-0437987 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANDREU, TIMOTHY A
100 S. ASHLEY DRIVE, SUITE 1300
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CP ( ) Delete
Name: HARRISON, HAL N
Address: 1460 MILLBROOK WAY
City-St-Zip: BOUNTIFUL, UT 84010

Title: VC ( ) Delete
Name: HARRISON, NATHAN L
Address: 672 EAST 1950 SOUTH
City-St-Zip: BOUNTIFUL, UT 84010

Title: D ( ) Delete
Name: HARRISON, THOMAS ADAM
Address: 1676 E. MUELLER PARK ROAD
City-St-Zip: BOUNTIFUL, UT 84010

Title: D ( ) Delete
Name: TAYLOR, ANN H
Address: 650 S. MAIN STREET
City-St-Zip: BOUNTIFUL, UT 84010

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAL N. HARRISON CP 03/26/2009

Electronic Signature of Signing Officer or Director Date