


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 17, 2004 8:00 am**  
**Secretary of State**

03-17-2004 90020 009 \*\*\*150.00

**DOCUMENT # F51059**

1. Entity Name  
**CRESTWOOD BUILDERS, INC.**



Principal Place of Business  
**2550 N.E. 36TH AVENUE, SUITE F  
 OCALA, FL 32670**


Mailing Address  
**2550 N.E. 36TH AVENUE, SUITE F  
 OCALA, FL 32670**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country



02032004 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2142049**

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

6. Name and Address of Current Registered Agent

**FINN, MICHAEL A.  
 2550 N.E. 36TH AVENUE, SUITE F  
 OCALA, FL 32679**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number's 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 \_\_\_\_\_

**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	PD	<input type="checkbox"/> Delete
NAME	FINN, MICHAEL A.	
STREET ADDRESS	2550 NE 36TH AVE., F	
CITY ST ZIP	OCALA, FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	FINN, DIANE C.	
STREET ADDRESS	2550 NE 36TH AVE., F	
CITY ST ZIP	OCALA, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add'tion
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add'tion
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add'tion
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)(f), 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 a "other" be empowered.

SIGNATURE:  **Michael A. Finn-Pres. 3-16-04 (352) 622-3116**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR