


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 12, 2005 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2142049	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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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 _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when certifying.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

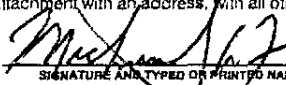
410000226528
 02/12/05-80019-025 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FINN, MICHAEL A. 2550 NE 36TH AVE., F OCALA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST FINN, DIANE C. 2550 NE 36TH AVE., F OCALA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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:  Michael A. Finn - President 1-25-05

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