

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT# F96000006348 1. Entity Name LHRCRESTVIEW, INC.	
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Principal Place of Business 2733 ROSS CLARK CIRCLE DOTHAN, AL 36301	Mailing Address 2733 ROSS CLARK CIRCLE DOTHAN, AL 36301
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DO NOT WRITE IN THIS SPACE



04082004 NoChg-P CR2E034(10/03)

4. FEINumber 72-1363532	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CTCORPORATIONS SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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IN THIS SPACE**

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 obligation of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required whenever installing) 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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BLUMBERG, RICHARD H 2733 ROSS CLARK CIRCLE DOTHAN, AL 36301
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS BLUMBERG, LARRY G 2733 ROSS CLARK CIRCLE DOTHAN, AL 36301
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04/19/04-80084-005 150.00

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IN THIS SPACE**

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 all other like empowered.

SIGNATURE: Richard Blumberg 4-16-04 (334) 793-6855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #