

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

03-04-2005 90069 026 ***150.00

FILED H58281

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E034 (10/04) 05

DOCUMENT # H58281 1. Entity Name REDCREST COMPANY					
Principal Place of Business 902 KOLIMA CT CRESTVIEW FL 32539			Mailing Address 902 KOLIMA CT CRESTVIEW FL 32539		
2. Principal Place of Business 432 Marion Dr Niceville, FL 32578		3. Mailing Address 432 Marion Dr Niceville, FL 32578		4. FEI Number NO-T APPLICABLE Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc. Niceville, FL		Suite, Apt. #, etc. Niceville, FL			
City & State 32578		City & State 32578			
Zip Okaloosa		Zip Okaloosa		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CROSSON, KAREN 432 MARION DR NICEVILLE FL 32578				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT THIGPEN, BETTY MRS 902 KOLIMA CT CRESTVIEW FL 32539	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STOREY, RODNEY R. 1086 EVERLY LOOP CAMDENTON MO 65020	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS KNAGGS, PHYLLIS 2804 JERRY PATE CT SHALIMAR FL 32579	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP FISHER, HOWARD E. 53 LAKE SHORE DR SHALIMAR FL 32579	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COAKLEY CROSSON, KAREN C 432 MARION DR NICEVILLE FL 32578	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DECROOS, FRANCIS C.F. 921 HOSPITAL DRIVE NICEVILLE FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Karen Crosson Treasurer - Redcrest Co.</u> 3/1/05 850-729-3570 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					