

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2004 08:00 AM
Secretary of State

DOCUMENT # J00385

1. Entity Name
CROWE'S NEST PROPERTIES, INC.



Principal Place of Business
**% KATHLYN A. CROWE
6075 WEST SHORES ROAD
ORANGE PARK, FL 32073**

Mailing Address
**% KATHLYN A. CROWE
6075 WEST SHORES ROAD
ORANGE PARK, FL 32073**



08032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2672175

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CROWE, KATHLYN A.
6075 WEST SHORES ROAD
ORANGE PARK, FL 32073**

**DO NOT WRITE
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 obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CROWE, BILLY A.
STREET ADDRESS	6075 WEST SHORES ROAD
CITY-ST-ZIP	ORANGE PARK, FL
TITLE	D
NAME	CROWE, KATHLYN A.
STREET ADDRESS	6075 WEST SHORES ROAD
CITY-ST-ZIP	ORANGE PARK, FL
TITLE	SD
NAME	STAMFORD, CYNTHIA L
STREET ADDRESS	6075 W SHORES RD
CITY-ST-ZIP	ORANGE PARK, FL
TITLE	D
NAME	CROWE, GARY W.
STREET ADDRESS	6075 WEST SHORES ROAD
CITY-ST-ZIP	ORANGE PARK, FL
TITLE	D
NAME	CROWE, TIMOTHY L.
STREET ADDRESS	6075 WEST SHORES ROAD
CITY-ST-ZIP	ORANGE PARK, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Kathlyn A. Crowe* **KATHLYN A. CROWE** 8-3-04 (904) 276-5141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #