

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90234 036 ***150.00

DOCUMENT # L70685

1. Entity Name

KREB DEVELOPMENT, INC.



Principal Place of Business

5420 CENTRAL AVENUE
ST. PETERSBURG FL 33707

Mailing Address

P. O. BOX 48008
ST. PETERSBURG FL 33743-8008

14021765



MOORE CR2E034 (11/03)

2. Principal Place of Business

5960 Central Ave.

3. Mailing Address

same as above

Suite, Apt. #, etc.

Suite B

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

Zip

33707

Country

Pinellas

Zip

Country

4. FEI Number

59-3011976

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CRAWFORD, ROBERT H.
5420 CENTRAL AVENUE
ST. PETERSBURG FL 33707

7. Name and Address of New Registered Agent

Name
Catherine M. Noyes

Street Address (P.O. Box Number is Not Acceptable)
5960 Central Avenue, Suite B

City
St. Petersburg

FL

Zip Code
33707

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

Catherine M. Noyes

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

(NOTE: Registered Agent signature required when reinstating)

4/15/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CRAWFORD, ROBERT H.	
STREET ADDRESS	5420 CENTRAL AVENUE	
CITY-ST-ZIP	ST. PETERSBURG FL 33707	
TITLE	S	<input type="checkbox"/> Delete
NAME	NOYES, CATHERINE M	
STREET ADDRESS	5420 CENTRAL AVENUE	
CITY-ST-ZIP	ST. PETERSBURG FL 33707	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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	President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Catherine M. Noyes, Trustee	
STREET ADDRESS	5960 Central Avenue, Suite B	
CITY-ST-ZIP	St. Petersburg, FL 33707	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Catherine M. Noyes	
STREET ADDRESS	5960 Central Avenue, Suite B	
CITY-ST-ZIP	St. Petersburg, FL 33707	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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:

Catherine M. Noyes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/04