


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000002786 1. Entity Name CRESTVIEW OFFICIALS ASSOCIATION, INC.	
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1st MOORE CR2E037 (10/04)

Principal Place of Business P.O. BOX 1487 CRESTVIEW FL 32536	Mailing Address P. O. BOX 1487 CRESTVIEW FL 32536-1487
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2. Principal Place of Business	3. Mailing Address	4. FEI Number 59-3475848
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	Zip
	Country	

6. Name and Address of Current Registered Agent PARKS, MICHAEL L 123 PINOAK COURT E CRESTVIEW FL 32539-8316	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete PATTEN, JACK 110 ADAMS DR CRESTVIEW FL 32536
NAME	STD <input type="checkbox"/> Delete PARKS, MICHAEL L 123 PINOAK CT E CRESTVIEW FL 32539
STREET ADDRESS	T <input type="checkbox"/> Delete BYRD, HUBBART 6080 W. DOGWOOD DR. CRESTVIEW FL 32535
CITY-ST-ZIP	<input type="checkbox"/> Delete
CITY-ST-ZIP	<input type="checkbox"/> Delete
CITY-ST-ZIP	<input type="checkbox"/> Delete
CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Add
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 617, 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 L. PARKS MICHAEL L. PARKS, TREASURER 2/27/05 850.587.3527