

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90243 016 ***150.00

DOCUMENT # P00000053899

1. Entity Name

CRASH ASSISTANCE SERVICES, INC.



Principal Place of Business

P.O. BOX 970188
BOCA RATON FL 33497-0188

Mailing Address

P.O. BOX 970188
BOCA RATON FL 33497-0188

24031000



MOORE

CR2E034 (11/03)

2. Principal Place of Business

P.O. Box 970791

3. Mailing Address

P.O. Box 970791

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton, Florida

City & State

Boca Raton, Florida

Zip

33497-0791

Country

Zip

33497-0791

Country

4. FEI Number

65-1029643

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHOUP, R. GEOFFREY
9396 BOCA RIVER CIRCLE
BOCA RATON FL 33434

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

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME SHOUP, GEOFF
STREET ADDRESS P.O. BOX 970188
CITY-ST-ZIP BOCA RATON FL 33497-0188

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME HAWK, ANDRE
STREET ADDRESS 17642 BOCAIRE WAY
CITY-ST-ZIP BOCA RATON FL 33433

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: GEOFF SHOUP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

22 APRIL 2004 561-852-8308

Date

Daytime Phone #