

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90040 001 \*\*\*150.00

**DOCUMENT # P00000080575**

1. Entity Name  
**ECONOTAX CRESTVIEW, INC.**



Principal Place of Business  
1455 S. FERDON BLVD., BLDG. A, SUITE 1  
CRESTVIEW, FL 32536

Mailing Address  
1455 S. FERDON BLVD., BLDG. A, SUITE 1  
CRESTVIEW, FL 32536

54003219



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01302004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3663263

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

BUNTON, HOWARD W  
3070 SKYLINE DR  
CRESTVIEW, FL 32539

Name

**CHRISTOPHER O. MARSH**

Street Address (P.O. Box Number is Not Acceptable)

**44 SIXTH AVE**

City

**Shalimar Beach**

**FL**

Zip Code

**32579**

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

*Christopher O. Marsh*

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**

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 P ☐ Delete  
NAME BUNTON, HOWARD  
STREET ADDRESS 3070 SKYLINE DR  
CITY-ST-ZIP CRESTVIEW, FL 32539

TITLE **D** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ST ☐ Delete  
NAME BUNTON, KATHLEEN  
STREET ADDRESS 3070 SKYLINE DR  
CITY-ST-ZIP CRESTVIEW, FL 32539

TITLE **D** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☒ Delete  
NAME WASHOFKY, RALPH  
STREET ADDRESS 253 VENTURA CIRCLE  
CITY-ST-ZIP FORT WALTON BEACH, FL 32548

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **Sec/Tres**  
STREET ADDRESS **Christopher O. Marsh**  
CITY-ST-ZIP **44 Sixth Ave Shalimar FL 32579**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **P**  
STREET ADDRESS **Janet Boyd**  
CITY-ST-ZIP **127 Fulmar Cir Ft Walton Beach**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **32548**

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:

*Christopher O. Marsh*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/04  
Date

(850) 423-4530  
Daytime Phone #