

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2004 8:00 am**  
**Secretary of State**

04-13-2004 90009 050 \*\*\*150.00

**DOCUMENT # P01000076661**

1. Entity Name  
CRESTWOOD 315, INC.



Principal Place of Business  
13400 SUTTON PARK DR S, SUITE 1402  
JACKSONVILLE, FL 32224

Mailing Address  
13400 SUTTON PARK DR S, SUITE 1402  
JACKSONVILLE, FL 32224

**54032201**



04092004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3737538

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

MONTGOMERY, MITCHELL R  
13400 SUTTON PARK DR S, SUITE 1402  
JACKSONVILLE, FL 32224

**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 acknowledge 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**

9. Election Campaign Financing  
Trust Fund Contribution... ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME MONTGOMERY, MITCHELL R  
STREET ADDRESS 13400 SUTTON PARK DR S, SUITE 1402  
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE  
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CITY-ST-ZIP

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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)(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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

4-9-04 904.821-7171