

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-28-2004 90224 039 ***150.00

DOCUMENT # P01000077649

1. Entity Name
CRESCENT RESPIRATORY SERVICES, INC.



Principal Place of Business
**1125 N SUMMIT ST
CRESCENT CITY, FL 32112**

Mailing Address
**1125 N SUMMIT ST
CRESCENT CITY, FL 32112**

14010462



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02042004

Chg-P

CR2E034 (10/03)

4. FEI Number
59-3741132

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CLARK, MARILYN
1125 N SUMMIT ST
CRESCENT CITY, FL 32112**

7. Name and Address of New Registered Agent

Name **WILLIAM E. BUTLER**
Street Address (P.O. Box Number is Not Acceptable)
1125 N. SUMMIT ST.
City **CRESCENT CITY** FL Zip Code **32112**

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 **William E. Butler** **WILLIAM E. BUTLER**

4/25/04

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 **DP** ☐ Delete
NAME **FLETCHER, WARREN D**
STREET ADDRESS **1125 N SUMMIT ST**
CITY-ST-ZIP **CRESCENT CITY, FL 32112**

TITLE **S** ☐ Delete
NAME **BUTLER, WILLIAM E**
STREET ADDRESS **1125 N SUMMIT ST**
CITY-ST-ZIP **CRESCENT CITY, FL 32112**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
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: **William E. Butler** **WILLIAM E. BUTLER**

4/28/04

(386) 698-3737

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #