

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 18, 2004 8:00 am**  
**Secretary of State**

08-18-2004 90008 026 \*\*\*150.00

**DOCUMENT # P02000083973**

1. Entity Name  
**CROWSON CONSTRUCTION, INC.**



Principal Place of Business  
**56 NATURAL SPRINGS LANE  
SOPCHOPPY, FL 32358**

Mailing Address  
**P O BOX 69  
SOPCHOPPY, FL 32358**



2. Principal Place of Business  
**2339 Sopchoppy Hwy.**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 69**  
Suite, Apt. #, etc.

07072004 Chg-P CR2E034 (10/03)

City & State  
**Sopchoppy FL**  
Zip  
**32358** Country  
**USA**

City & State  
**Sopchoppy FL**  
Zip  
**32358** Country  
**USA**

4. FEI Number  
**52-2372881** Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

**CROWSON, DALE**  
**56 NATURAL SPRINGS LANE  
SOPCHOPPY, FL 32358**

**7. Name and Address of New Registered Agent**

Name  
**Crowson, Dale**  
Street Address (P.O. Box Number is Not Acceptable)  
**46 Natural Springs Lane**  
**Sopchoppy FL**  
City  
**Sopchoppy FL** Zip Code  
**32358**

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 **Roger Dale Crowson** **07-08-04**  
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  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CROWSON, DALE 56 NATURAL SPRINGS LANE SOPCHOPPY, FL 32358	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CROWSON, NANCY 56 NATURAL SPRINGS LANE SOPCHOPPY, FL 32358	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CROWSON, JONHATAN 56 NATIONAL SPRINGS LN SOPCHOPPY, FL 32358	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CROWSON, DANIEL 56 NATIONAL SPRINGS LANE SOPCHOPPY, FL 32358	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Crowson, Dale 46 Natural Springs Ln Sopchoppy, FL 32358	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Crowson, Nancy 46 Natural Springs Ln Sopchoppy, FL 32358	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Crowson, Jonathan 46 Natural Springs Ln Sopchoppy, FL 32358	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Crowson, Daniel 46 Natural Springs Ln Sopchoppy, FL 32358	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Roger Dale Crowson** **Roger Dale Crowson** **07-08-04** **850-962-2480**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #