2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000083973

1. Entity Name
CROWSON CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
2339 SOPCHOPPY HWY SOPCHOPPY, FL 32358	P O BOX 69 SOPCHOPPY, FL 32358

DO NOT WRITE IN THIS SPACE

01192006 No Chg-P CR2E034 (11/05)

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
46 NATURAL SPRINGS LANE
SOPCHOPPY, FL 32358

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 accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

000000434409
02/24/06-00063-021 158.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CROWSON, DALE
STREET ADDRESS	46 NATURAL SPRINGS LN
CITY-ST-ZIP	SOPCHOPPY, FL 32358
TITLE	VP
NAME	CROWSON, NANCY
STREET ADDRESS	46 NATURAL SPRINGS LN
CITY-ST-ZIP	SOPCHOPPY, FL 32358
TITLE	S
NAME	CROWSON, JOHNATHAN
STREET ADDRESS	46 NATURAL SPRINGS LN
CITY-ST-ZIP	SOPCHOPPY, FL 32358
TITLE	T
NAME	CROWSON, DANIEL
STREET ADDRESS	46 NATURAL SPRINGS LN
CITY-ST-ZIP	SOPCHOPPY, FL 32358
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Dale Crowson Dale Crowson 01-19-2006 850-962-2480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #