


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000083973	
1. Entity Name CROWSON CONSTRUCTION, INC.	

Principal Place of Business 2339 SOPCHOPPY HWY SOPCHOPPY, FL 32358	Mailing Address P O BOX 69 SOPCHOPPY, FL 32358
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03072007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2372881	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CROWSON, DALE
46 NATURAL SPRINGS LANE
SOPCHOPPY, FL 32358

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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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CROWSON, DALE 46 NATURAL SPRINGS LN SOPCHOPPY, FL 32358
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CROWSON, NANCY 46 NATURAL SPRINGS LN SOPCHOPPY, FL 32358
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CROWSON, JOHNATHAN 46 NATURAL SPRINGS LN SOPCHOPPY, FL 32358
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CROWSON, DANIEL 46 NATURAL SPRINGS LN 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 **04-12-07** **850-962-2480**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #