2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000083973

Entity Name: CROWSON CONSTRUCTION, INC.

FILED Mar 24, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2339 SOPCHOPPY HWY 2339 SOPCHOPPY HWY SOPCHOPPY, FL 32358 SOPCHOPPY, FL 32358

Current Mailing Address: New Mailing Address:

P O BOX 69 P.O. BOX 69

SOPCHOPPY, FL 32358 SOPCHOPPY, FL 32358

FEI Number: 52-2372881 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CROWSON, DALE
46 NATURAL SPRINGS LANE
SOPCHOPPY, FL 32358 US

CROWSON, DALE
46 NATURAL SPRINGS LN.
SOPCHOPPY, FL 32358 US

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.

SIGNATURE: 03/24/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition
Name: CROWSON, DALE Name: CROWSON, DALE

Name:CROWSON, DALEName:CROWSON, DALEAddress:46 NATURAL SPRINGS LNAddress:P.O. BOX 69

City-St-Zip: SOPCHOPPY, FL 32358 City-St-Zip: SOPCHOPPY, FL 32358

Title: VP () Delete Title: VP (X) Change () Addition Name: CROWSON, NANCY Name: CROWSON, NANCY

Address: 46 NATURAL SPRINGS LN Address: P.O. BOX 69

City-St-Zip: SOPCHOPPY, FL 32358 City-St-Zip: SOPCHOPPY, FL 32358

Title: S () Delete Title: S (X) Change () Addition Name: CROWSON, JOHNATHAN Name: CROWSON, JOHNATHAN

Address: 46 NATURAL SPRINGS LN Address: P.O. BOX 69

City-St-Zip: SOPCHOPPY, FL 32358 City-St-Zip: SOPCHOPPY, FL 32358

Title: T () Delete Title: T (X) Change () Addition

 Name:
 CROWSON, DANIEL
 Name:
 CROWSON, DANIEL

 Address:
 46 NATURAL SPRINGS LN
 Address:
 P.O. BOX 69

 City-St-Zip:
 SOPCHOPPY, FL 32358
 City-St-Zip:
 SOPCHOPPY, FL 32358

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DALE CROWSON P 03/24/2009