
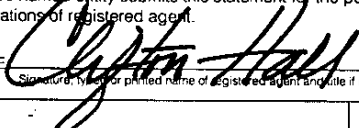
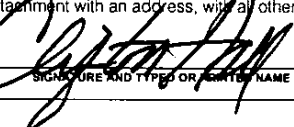


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90021 006 ***150.00

DOCUMENT # P02000103895 1. Entity Name CRESTVIEW SITE & UNDERGROUND, INC.			
Principal Place of Business 250 W. PINE AVE. SUITE D CRESTVIEW, FL 32536		Mailing Address 250 W. PINE AVE. SUITE D CRESTVIEW, FL 32536	
2. Principal Place of Business - No P.O. Box # 4100 S. FERDON Blvd		3. Mailing Address 4100 S. FERDON Blvd.	
Suite, Apt. #, etc. B-2		Suite, Apt. #, etc. B-2	
City & State CRESTVIEW, FL		City & State CRESTVIEW, FL	
Zip 32536		Zip 32536	
Country USA		Country USA	
4. FEI Number 13-4218191		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HALL, CLIFTON 250 WEST PINE AVE SUITE D CRESTVIEW, FL 32536		7. Name and Address of New Registered Agent Name HALL, CLIFTON Street Address (P.O. Box Number is Not Acceptable) 4100 S. FERDON Blvd. Suite B-2 City CRESTVIEW FL Zip Code 32536	
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  Clifton Hall 4/17/07 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PRES	NAME HALL, CLIFTON	TITLE PRES	NAME HALL, CLIFTON
STREET ADDRESS 250 WEST PINE AVE SUITE D	CITY-ST-ZIP CRESTVIEW, FL 32536	STREET ADDRESS 4100 S. FERDON Blvd. Ste B-2	CITY-ST-ZIP CRESTVIEW, FL 32536
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 any other like empowered.			
SIGNATURE:  Clifton Hall		Date 4/17/07 Daytime Phone # 850-689-8881	