


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 29, 2005 8:00 am**  
**Secretary of State**

06-29-2005 90002 006 \*\*\*150.00

**DOCUMENT # P02000134469**  
 Entity Name  
**CREST ENTERPRISES AND GENERAL CONTRACTORS, INC.**



Principal Place of Business  
**106 S 38TH ST  
 MEXICO BCH FL 32410**

Mailing Address  
**PO BOX 13633  
 MEXICO BEACH FL 32410**



2. Principal Place of Business  
**106 S 38th ST.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**PO Box 13633**  
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/04)

City & State  
**Mexico Beach, FL**

City & State  
**Mexico Beach, FL**

Zip  
**32410**

Country  
**FLA**

4. FEI Number **65-0097646**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**MEDINA, MOSES  
 106 S 38TH ST  
 MEXICO BCH FL 32410**

7. Name and Address of New Registered Agent

Name  
*Same as Left*

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MEDINA, MOSES	
STREET ADDRESS	106 S 38TH ST	
CITY-ST-ZIP	MEXICO BCH FL 32410	
TITLE		<input type="checkbox"/> Delete
NAME	N/A	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *[Signature]* 6/24/05. Date

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

# ATTACHMENT

# P02000134469 6/24/05  
Dear Sir, 50054037

Please accept my apology regarding the Annual Corp of being late, as I didn't receive it until 6/22.

It came to my home not the P.O. Box 13633. If I need to do anything else please let me know

P.O. Box 13633

Mexico Beach, Fl. 32400

cell - 850-648-527-0437

Sincerely,  
Wade Wilson