

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-12-2004 90273 009 ***150.00

DOCUMENT # P03000000781					
1. Entity Name CRESTWICK CROSSING DEVELOPMENT, INC.					
Principal Place of Business 2120 CORPORATE SQUARE BLVD. SUITE #3 JACKSONVILLE, FL 32216			Mailing Address 2120 CORPORATE SQUARE BLVD. SUITE #3 JACKSONVILLE, FL 32216		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 43-1999758	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SEMANIK, JOHN A 2120 CORPORATE SQUARE BLVD. SUITE #3 JACKSONVILLE, FL 32216			7. Name and Address of New Registered Agent Name 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, 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, 2004 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition	
KATHERINE S. CARPENTER 2120 CORPORATE SQ. BLVD #3 JACKSONVILLE, FL 32216			JOHN A. SEMANIK 2120 CORPORATE SQ. BLVD #3 JACKSONVILLE, FL 32216		
JOHN A. SEMANIK 2120 CORPORATE SQ. BLVD #3 JACKSONVILLE, FL 32216			(Empty row for additions/changes)		
(Empty row for officers/directors)			(Empty row for additions/changes)		
(Empty row for officers/directors)			(Empty row for additions/changes)		
(Empty row for officers/directors)			(Empty row for additions/changes)		
(Empty row for officers/directors)			(Empty row for additions/changes)		
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, and all other like empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/7/04 (904) 724-7800 Date Daytime Phone #		