

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 16, 2007 08:00 AM
Secretary of State

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



01152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
43-1999758
Applied For
Not Applicable
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

**DO NOT WRITE
IN THIS SPACE**

5. 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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

000000669358

03/27/07-80069-006 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
CARPENTER, KATHERINE S
2120 CORPORATE SQ BLVD #3
JACKSONVILLE, FL 32216

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
SEMANIK, JOHN A
2120 CORPORATE SQ BLVD #3
JACKSONVILLE, FL 32216

TITLE
NAME
STREET ADDRESS
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CITY - ST - ZIP

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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: *Katherine S Carpenter*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-07 (904) 724-7800
Date Daytime Phone #