

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 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**



04252008 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 <input type="checkbox"/>	\$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**

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)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

**U000000334624
05/23/08-80038-022 150.00**

10. OFFICERS AND DIRECTORS

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

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

TITLE	
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CITY-ST-ZIP	

**DO NOT WRITE
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

4/29/08
Date

(904) 724-7800
Daytime Phone #