

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2004 8:00 am
Secretary of State

07-12-2004 90027 009 ***150.00

DOCUMENT # P03000014347

1. Entity Name
C.R.W. CONSTRUCTION UNLIMITED, INC.



Principal Place of Business
**9427 BEAR LAKE CIRCLE
 APOPKA, FL 32703 US**

Mailing Address
**9427 BEAR LAKE CIRCLE
 APOPKA, FL 32703 US**

66430411



2. Principal Place of Business
2632 Pemberton Dr.

3. Mailing Address
2632 Pemberton Dr.

Suite, Apt. #, etc.
Suite 102

07092004 Chg-P CR2E034 (10/03)

City & State
Apopka, FL

City & State
Apopka, FL

Zip
32703

Country
USA

Zip
32703

Country
USA

4. FEI Number
82-0586873

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

WALLACE, CRAIG R
9427 BEAR LAKE CIRCLE
APOPKA, FL 32703

7. Name and Address of New Registered Agent

Name
Wallace, Craig R

Street Address (P.O. Box Number is Not Acceptable)
9511 Bear Lake Circle

City
Apopka

FL Zip Code
32703

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 Craig Wallace President DATE 7-8-04

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when constituting)

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Craig Wallace 9511 Bear Lake Circle Apopka FL 32703 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Craig Wallace DATE 7-8-04 407-448-2208

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day of the Phone #