

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

Suite, Apt. #, etc.

Suite 102

City & State

Apopka, FL

City & State

Apopka, FL

Zip

32703

Country

USA

Zip

32703

Country

USA

07092004

Chg-P

CR2E034 (10/03)

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

7-8-04

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

DATE

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

TITLE President
NAME Craig Wallace
STREET ADDRESS 9511 Bear Lake Circle
CITY-ST-ZIP Apopka FL 32703 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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

7-8-04

407-448-2208

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day of the Phone #