8/26

FILED Sep 20, 2004 8:00 am Secretary of State

ANNUAL REPORT	(AR)		
DOCUMENT # P03000029916	# F	= 1	Á

1. Enuly Name				28 08-26-2004 90002 012 ***150.00		
CRESCENZO INVESTMENT GROUP, INC.		1				
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Principal Place	of Business	Mailing Address	I	 ·		
3101 NEBRASKA AVENUE 3101 NEBRASKA AVENUE TAMPA FL 33602 TAMPA FL 33602		<u> </u>				
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2. Principal Pla	2. Principal Place of Business 3. Mailing Address					
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		MOORE CR2E034 (4/04)		
City & State	:	City & State		4. FEI Number Applied For A 7 - 69 3 6 2 4 7 Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required		
-	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent		
Name						
CRESCENZO, WILLIAM 3101 NEBRASKA AVENUE		Street Add	Street Address (P.O. Box Number is Not Acceptable)			
TAMPA FL 33602						
- No Changes Necessans		FL Zip Code				
8. The above named entity shomits 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 political agent.						
SIGNATURE WILLIAM CRESSENZO 8/22/04						
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)						
FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it. Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00.						
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
	D :	. Delete	TITLE	Channe C Addition		
NAME (CRESCENZO, WILLIAM M	•	NAME	The only notice 1		
1 1	1930 W. LAUREL STREET		STREET ADDRESS	he ceived was a		
	TAMPA FL 33607		CITY-ST-ZIP			
TITLE NAME	· •	☐ Detete	TITLE NAME	Postand noting Change Addition		
STREET ADDRESS			STREET ADDRESS	the payment was		
CITY-ST-ZIP	1		CITY-ST-ZIP	late. I novos		
TITLE		☐ Detate	TITLE .	ruleived a first Change Addition		
NAME	4		NAME	Within 1		
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP	notice. I am very		
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE	Yuspoms Addition Change Addition		
NAME	ıt	□ Decent	NAME	Wever been Late		
STREET ADDRESS	i.		STREET ADDRESS	on a bill & have		
CITY-ST-ZIP			CITY-ST-ZIP	reverlent credit		
TITLE NAME	,	☐ Delete	TITLE NAME	Please contact me Change Addition		
STREET ADDRESS		•	STREET ADDRESS			

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED HAKE OF BIGNING OFFICER OR DIRECTOR

Delete

WILLIAM CASUNZO

- William Crus cenzo

Change