## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 07, 2007 08:00 AM Secretary of State

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1. Entity Name

CREST REALTY COMPANY, INC.



Principal Place of Business

PO BOX 56855 JACKSONVILLE, FL 32241-6855 Mailing Address

PO BOX 56855

JACKSONVILLE, FL 32241-6855



03032007

No Chg-P

CR2E034 (11/05)

4. FEI Number 06-1687641 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

MARCUS, ALAN J 20803 BISCAYNE BLVD STE 301 AVENTURA, FL 33180

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_					•
	Signature, typed or printed name of registered agent and title	f applicable (NOTE, Registered	Agent signatur	e required when reinstaling)	DATE
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS		- <del></del>	<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELAHANTY, TOM PO BOX 56855 JACKSONVILLE, FL 322416855				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000657767 03/15/07-80010-019 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
IITLE NAME STREET ADDRESS CITY-ST-ZIP	•				
TITLE NAME				,	

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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS City - St - Zip

NATURE AND TYPED OR DRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-07

804-716-9700