


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2007 8:00 am
Secretary of State

06-04-2007 90013 023 ***150.00

DOCUMENT # P03000092647					
1. Entity Name CRESPO & SON, INC.					
Principal Place of Business 7268 62ND AVENUE NORTH PINELLAS PARK, FL 33781			Mailing Address 7268 62ND AVENUE NORTH PINELLAS PARK, FL 33781		
2. Principal Place of Business - No P.O. Box # 5915 21ST AVENUE.		3. Mailing Address 5915 21ST AVENUE.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05112007 Chg-P CR2E034 (12/06)	
City & State SAINT PETERSBURG FL		City & State SAINT PETERSBURG FL		4. FEI Number 04-3771771	
Zip 33710		Country PINELLAS		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRESPO, ERIBERTO 7268 62ND AVENUE NORTH PINELLAS PARK, FL 33781				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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: <u>Eriberto Crespo</u> DATE: <u>5-21-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME CRESPO, ERIBERTO STREET ADDRESS 7268 62ND AVENUE NORTH CITY-ST-ZIP PINELLAS PARK, FL 33781	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME CRESPO, JASON H STREET ADDRESS 5111 72ND AVENUE NORTH, #5 CITY-ST-ZIP PINELLAS PARK, FL 33781	<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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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: <u>Eriberto Crespo</u> <u>5-21-07</u> <u>(727) 688-8402</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					