## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 20, 2006 8:00 am Secretary of State

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1. Entity Nam	MENT # P0300011 CRETE SERVICES, INC.	7990						006 90033	004 ***1	50.00
Principal Place	e of Business	Mailing Address				•	00041	20		
P.O. BOX 1397 MINNEOLA, FL 34755		P.O. BOX 1397 MINNEOLA, FL. 34755				q	10022			
						1 (88)(88) (0)		ANIEL IIEM KARLIS	IBER 18178 1814 B <b>R</b>	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01	142006	Chg-P	CR2E	34 (11/05)	
City & State		City & State			4. FEI Number 51-0490575			_ <del>                                    </del>	oplied For ot Applicable	
Zip	Country	Zip	Coun	itry			of Status Desire		\$8.75 Add Fee Require	ditional d
	6. Name and Address of Curren	t Registered Agent		Name	7.	Name and	Address of Nev	w Registered	Agent	
PEREZ, FRANCISCO J. 200 B SEMINOLE AVE.				Street Address (P.O. Box Number is Not Acceptable)						
MINNEOU			123	07	Wo	irren '	К 9			
	57 95.7 1 97.7 2 4.2			City Clermont FL Zip Code						θ
R The shows	named entity submits this statement	for the purpose of changing its	register	ed office or re						and accept
	ions of registered agent.	tor the barbase or custiguis its	registere	oc onice or re	ogisieieu eţ	gani, or bott	i, iii iiio State Oi	riolida. Fall	Tallina Will.	and accept
?	1.45 1.45									
SIGNATURE_	Signature, typediorprinted name of registered age	nt and title if applicable. (NOTI	E: Registeré	d Agent signature	required when a	reinstating)		DATE		<del></del>
	71			•						
FIL	E NOW!!! FEE IS \$150.00 by 1, 2006 Fee will be \$550	9. Election Campai Trust Fund Cont			\$5.00 Added to					
10.	OFFICERS ANI	D DIRECTORS	11.		ΑC	DITIONS/	CHANGES TO C	OFFICERS AN	DIRECTOR	S IN 11
TITLE	D .	☐ Delete	TITLE	E					Change	Addition
NAME	PEREZ, FRANCISCO J		NAM	E						
STREET ADDRESS	P.O. BOX 1397			EET ADDRESS						
CITY-ST-ZIP	MINNEOLA, FL 34755		CITY	-ST-ZIP						
TITLE		☐ Delete	TITLI						Change	☐ Addition
NAME '			NAM							
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP						
									Change	☐ Addition
TITLE NAME		☐ Delete	TITL!	L					☐ Change	Mudilion
STREET ADDRESS				EET ADDRESS						
CITY-ST-ZIP				-ST-ZIP						
TITLE		☐ Delete	TITL	E				•	☐ Change	Addition
NAME			NAM						_ •	
STREET ADDRESS			STRE	EET ADDRESS						
CITY-ST-ZIP			CITY	-ST-ZIP						
TITLE		☐ Oeleta	TITU	E					☐ Change	☐ Addition
NAME			NAM							
STREET ADDRESS				EET ADDRESS						
CITY-ST-ZIP				-ST-ZIP		_ <del></del>				
TITLE		☐ Delete	tiru						Change	Addition
NAME STREET ADDRESS			NAM	EET ADORESS						
CITY-\$T-ZIP				-ST-ZIP						
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I IZ. I NOTODY (	certify that the information supplied w	un uns illing goes not qualify to	л кпе ех	อาเเมนินดีนรี COI	папеа п С	лариет 119	, FIORICA STATUTE	is. i luitiner ce	rwy mat the t	HOMBHHOM

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:	Flo. J. Perez	1/16/06	
_	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #