

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90164 012 ***150.00

DOCUMENT # P03000157858 1. Entity Name CRES OF TAMPA BAY, INC.			
Principal Place of Business 4532 US HWY 19 SECOND FLOOR NEW PORT RICHEY, FL 34652		Mailing Address 4532 US HWY 19 SECOND FLOOR NEW PORT RICHEY, FL 34652	
2. Principal Place of Business 7916 Evolutions Way Suite, Apt. #, etc. Suite 106 City & State Trinity FL Zip 34655 Country USA		3. Mailing Address 7916 Evolutions Way Suite, Apt. #, etc. Suite 106 City & State Trinity FL Zip 34655 Country USA	
4. FEI Number 20-0530805		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MITCHELL, D D 4532 US HWY 19 SECOND FLOOR NEW PORT RICHEY, FL 34652		7. Name and Address of New Registered Agent Name Mitchell, D. D. Street Address (P.O. Box Number is Not Acceptable) 7916 Evolutions Way Suite 106 City Trinity FL Zip Code 34655	
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: D. Dewey Mitchell 4-27-06 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D ☐ Delete NAME MITCHELL, D D STREET ADDRESS 4532 US HWY 19 SECOND FLOOR CITY-ST-ZIP NEW PORT RICHEY, FL 34652	TITLE S, T ☒ Change ☐ Addition NAME Mitchell, D. D. STREET ADDRESS 8600 State Road 54 CITY-ST-ZIP New Port Richey FL 34655	TITLE D ☐ Delete NAME CRUMBLEY, ALLEN S STREET ADDRESS 4532 US HWY 19 SECOND FLOOR CITY-ST-ZIP NEW PORT RICHEY, FL 34652	TITLE Crumbley, Allen S. ☒ Change ☐ Addition NAME 10811 Panicum Ct. STREET ADDRESS New Port Richey FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE SVP ☐ Change ☒ Addition NAME Michael W. Fields STREET ADDRESS 12437 Lake Jonita Blvd. CITY-ST-ZIP Dade City FL 33525	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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: D. Dewey Mitchell 727-569-2332 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4-27-06 Daytime Phone #			