2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 08:00 A
Secretary of State

DOCUMENT # P03000157858

1. Entity Name
CRES OF TAMPA BAY, INC.

Principal Place of Business	Mailing Address
7916 EVOLUTIONS WAY SUITE 106 TRINITY, FL 34655	7916 EVOLUTIONS WAY SUITE 106 TRINITY, FL 34655

DO NOT WRITE IN THIS SPACE

04182007 No Chg-P CR2E034 (11/05)

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
7916 EVOLUTIONS WAY SUITE 106
TRINITY, FL 34655

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	MITCHELL, D D
STREET ADDRESS	8600 STATE ROAD 54
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	D
NAME	CRUMBLEY, ALLEN S
STREET ADDRESS	10811 PANICIUM CT.
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	SVP
NAME	FIELDS, MICHAEL W
STREET ADDRESS	12437 LAKE JOVITA BLVD.
CITY-ST-ZIP	DADE CITY, FL 33525
TITLE	VP
NAME	BOOR, MARY M
STREET ADDRESS	7916 EVOLUTIONS WAY
CITY-ST-ZIP	TRINITY, FL 34655
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/09/07-80008-008 150.00

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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: _____ 4/20/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #