2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 06, 2006 08:00 AM DOCUMENT # P04000092212 Secretary of State 1. Entity Name CRESTSHIELD HURRICANE & SECURITY PROTECTION. INC. Principal Place of Business Mailing Address 7020 SABLE RIDGE LANE NAPLES FL 34109 7020 SABLE RIDGE LANE NAPLES FL 34109 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. If. etc. Suite, Apt. #. etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 20-1265885 Not Applicat Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 City Zip Cade 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 Organiture, typed or printed name of registered agent and title if applicable (NOTE Registered Agent aignature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 5 After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Defete ☐ Chance ☐ Addition NAME VINCENT, ALAN J NAME STREET ADDRESS 7020 SABLE RIDGE LANE STREET ADDRESS 000000421732 02/16/06-80051-CITY-S1-7/P NAPLES FL 34109 CITY-ST-78 -003 150.00 TITLE A.i. Defete titte ☐ Change NAME VINCENT, MARGARET A NAME STREET ADDRESS 7020 SABLE RIDGE LANE STREET ADDRESS CITY-ST-ZIP NAPLES FL 34109 CHY-SI-ZIP TITLE Delete TETLE ☐ Change ☐ Add NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TiTLE Defete THLE ☐ Change ☐ A.:~ NAME NAM: STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Adam NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change □ Mdff NAME STREE! ADDRESS STREET ADDRESS CITY-ST-ZIP CATY-SI-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 direct 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED

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