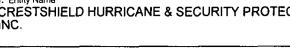
## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P04000092212** 1. Entity Name CRESTSHIELD HURRICANE & SECURITY PROTECTION. INC.

**FILED** Apr 21, 2008 08:00 A Secretary of State



Mailing Address

7020 SABLE RIDGE LANE

NAPLES, FL 34109 US



DO NOT WRITE IN THIS SPACE

01222008 No Chg-P CR2E034 (11/05)

Applied For 4. FEI Number 20-1265885 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301

Principal Place of Business

7020 SABLE RIDGE LANE

SIGNATURE

NAPLES, FL 34109 US

DO NOT WRITE IN THIS SPACE

the obligations of registered agent.							
SIGNATURE Signature: typed or printed name of registered agent and title it applicable (NOTE: Registered			d Agent signatur	s required when reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees	U00000909 05/06/08-800	914 89-010 150.00	
10.	OFFICERS AND DIREC	CTORS	ng syks. N	र इस्ट्रिय भूग			
TITLE NAME STREET ADDRESS CITY+ST-ZIP	D VINCENT, ALAN J 7020 SABLE RIDGE LANE NAPLES, FL 34109		La Contribution				
TITLE NAME STREET ADDRESS GITY-ST-ZIP	D VINCENT, MARGARET A 7020 SABLE RIDGE LANE NAPLES, FL 34109						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				100	NOT WRI	3	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPAC	E	
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.							

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