

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90027 001 ***450.00

DOCUMENT # P04000097049

1. Entity Name
CRESCENT PALMS DEVELOPMENT CORP.



Principal Place of Business

**174 N ATLANTIC AVE
COCOA BCH, FL 32931**

Mailing Address

**174 N ATLANTIC AVE
COCOA BCH, FL 32931**

DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number
32-0124472

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MOSLEY, CURTIS R
1221 E NEW HAVEN AVE
MELBOURNE, FL 32901**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BOYD, CHARLES R
174 N ATLANTIC AVE
COCOA BCH, FL 32901**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BOYD, CYNTHIA
174 N ATLANTIC AVE
COCOA BCH, FL 32901**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PARKER, ALYSSA
174 N ATLANTIC AVE
COCOA BCH, FL 32901**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/08

Date

321-868-7725

Daytime Phone #