

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 19, 2006 8:00 am
Secretary of State

07-19-2006 90001 023 ***150.00

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1. Entity Name

CRESTVIEW RENTAL SERVICES, INC.



Principal Place of Business

311 JAMES LEE BLVD.
CRESTVIEW, FL 32536

Mailing Address

1020 S. Ferdon Blvd
CRESTVIEW, FL 32536



07112006

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-1501895

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WELTON & WILLIAMSON, P.A.
THE MADISON BLDG.
1020 SOUTH FERDON BLVD.
CRESTVIEW, FL 32536

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7-11-06

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KELLEY, JOHN E
STREET ADDRESS 311 JAMES LEE BLVD.
CITY-ST-ZIP CRESTVIEW, FL 32536

TITLE VPD
NAME KELLEY, KIMBERLY
STREET ADDRESS 311 JAMES LEE BLVD.
CITY-ST-ZIP CRESTVIEW, FL 32536

TITLE ST
NAME KELLEY, CHRYSTAL B
STREET ADDRESS 311 JAMES LEE BLVD.
CITY-ST-ZIP CRESTVIEW, FL 32536

TITLE CC
NAME MARK WELTON
STREET ADDRESS 1020 S. Ferdon Blvd.
CITY-ST-ZIP CRESTVIEW, FL 32536

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

as Corporate Counsel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-11-06 (850) 682-2120
Date Daytime Phone #