2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000173607

Entity Name: CRIMSON MANAGEMENT CORPORATION

FILED Mar 01, 2005 Secretary of State

Entity Nar	me: CRIMSO	N MANAGEMENT CORPORAT	ION		
Current Principal Place of Business:			New Princ	ipal Place of Business:	
280 GULFS UNIT 343 DESTIN, F	SHORE DRIV L 32541	E			
Current Mailing Address:			New Maili	New Mailing Address:	
280 GULFSHORE DRIVE UNIT 343 DESTIN, FL 32541			SUITE 200	166 PROSPEROUS PLACE SUITE 200 LEXINGTON, KY 40509	
FEI Number:	: 61-1085165	FEI Number Applied For ()	FEI Number Not Appl	icable () Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and	Address of New Registered Agent:	
UNIT 343	VID L SHORE DRIV L 32541 US	E			
	named entity of Florida.	submits this statement for the p	urpose of changing i	ts registered office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	nic Signature of Registered Age	nt	Date	
Election Car	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip: Title:	BOBO, DAVID 280 GULFSHO DESTIN, FL 3	RE DRIVE UNIT 343	Title: Name: Address: City-St-Zip: Title:	D (X) Change () Addition BOBO, DAVID L 280 GULFSHORE DRIVE UNIT 343 DESTIN, FL 32541 US VP () Change (X) Addition	
Name: Address: City-St-Zip:			Name: Address: City-St-Zip:	WIESE, DAVID T VP 166 PROSPEROUS PLACE LEXINGTON, KY 40509 US	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	TREA () Change (X) Addition MALICOTE, BILLIE L TREAS 166 PROSPEROUS PLACE LEXINGTON, KY 40509 US	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	SEC () Change (X) Addition TURNER, MICHELLE B SEC 166 PROSPEROUS PLACE LEXINGTON, KY 40509 US	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID L. BOBO D 03/01/2005