

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000055777

1. Entity Name

CRESTMONT CONSTRUCTION, INC.



Principal Place of Business

9212 REGENCY WOODS DRIVE
KIRTLAND, OH 44094 US

Mailing Address

9212 REGENCY WOODS DRIVE
KIRTLAND, OH 44094 US



01102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

77-0657038

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANN T. FRANK, P.A.
2124 AIRPORT ROAD SOUTH
SUITE 102
NAPLES, FL 34112

**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 reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME KLINE, LAURENCE A
STREET ADDRESS 9385 HAMILTON DRIVE
CITY-ST-ZIP MENTOR, OH 44060

TITLE VP
NAME HADAD, FRED
STREET ADDRESS 9212 REGENCY WOODS DRIVE
CITY-ST-ZIP KIRTLAND, OH 44094

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U00000586943
01/17/07-80013-005 150.00

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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 life empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-07 440-477-3398

Date

Daytime Phone #