2007 FOR PROFIT CORPORATION

FILED Mar 19, 2007 08:00 AM Secretary of State

ANNUAL REPORT						
DOCUMENT # P050000 1. Entity Name J H CROWDER CONSTRUCTION						
Principal Place of Business	Mailing Address					
1194 EIGHT MILE CEMETARY ROAD DEFUNIAK SPRINGS FL 32433 US	1194 EIGHT MILE CEMETARY ROAD Defuniak Springs. Fl. 32433 US					



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

02072007 No Chg-P CR2E034 (11/05) 4. FEI Number 20-2726083 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CROWDER, JOHN H 1194 EIGHT MILE CEMETARY ROAD DEFUNIAK SPRINGS, FL 32433

22. 0				IN	THIS SPACE	
		urpose of changing its registere	d office or r	egistered agent, or be	oth, in the State of Florida. I am familiar with, and accept	
the obligat	ions of Agistered agent.	0			2	
SIGNATURE_	Signyfure, typed or printed name of registered agent and little in	applicable (NOTE, Registered	Agent signature	required when reinstating)	3-/5-07 DATE	
FIL After Ma	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD CROWDER, JOHN H 1194 EIGHT MILE CEMETARY ROAD DEFUNIAK SPRINGS, FL 32433					
NAME STREET ADDRESS CITY-ST-ZIP	ST CROWDER, JOHN H 1194 EIGHT MILE CEMETARY ROAD DEFUNIAK SPRINGS, FL 32433				000000672861 03/29/07-80006-004 158.79	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filling 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 cath; 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.