

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000078734

FILED
Feb 23, 2009
Secretary of State

Entity Name: CRESCENT HOME DEVELOPMENT, INC.

Current Principal Place of Business:

1919 8TH STREET NORTH
SAINT PETERSBURG, FL 33704

New Principal Place of Business:

Current Mailing Address:

1919 8TH STREET NORTH
SAINT PETERSBURG, FL 33704

New Mailing Address:

FEI Number: 20-5030709

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOYER, JASON R
1919 8TH STREET NORTH
SAINT PETERSBURG, FL 33704 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WALL, RICH
Address: 1947 8TH STREET NORTH
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: D () Delete
Name: WALL, NANCY
Address: 1947 8TH STREET NORTH
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: D () Delete
Name: MOYER, ALISSA
Address: 1919 8TH STREET NORTH
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: D () Delete
Name: MOYER, JASON
Address: 1919 8TH STREET NORTH
City-St-Zip: SAINT PETERSBURG, FL 33704

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JASON MOYER

D

02/23/2009

Electronic Signature of Signing Officer or Director

Date