2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 8:00 am Secretary of State

· ····	7111100112			- Secretary or State
DOCUMENT # P93000012051 1. Entity Name CROW DEVELOPMENT CORPORATION				05-01-2006 90346 038 ***150.00
Principal Place of Business Mailing Address				<u></u>
1104 N. COLLIER BLVD. MARCO ISLAND, FL 33937 1104 N. COLLIER BLVD. MARCO ISLAND, FL 33937			1 (BENERAL (19 18) 78 (19) 1 BEN 1 BEN 1 BEN 1 BEN 1 (19) 8 (19) 1 BEN 1 (19) 1 BEN 1 (19) 1 BEN 1 (19) 1 BEN 1	
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01192006 Chg-P CR2E034 (11/05)
City & State		City & State		4. FEI Number Applied For 65-0398159 Not Applicable
Zip	Country	Zip	Country	Certificate of Status Desired
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
GREUSEL, JAMIE B % BERRY & GREUSEL 1104 N. COLLIER BLVD. MARCO ISLAND, FL 33937		Name		
			Street Address	s (P.O. Box Number is Not Acceptable)
MARCOIS	3LAND, FL 33937		City	FL Zip Code
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. If am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE (NOTE: Registered Agent signature, toped or printed name of registered agent and title (Lapplicable). (NOTE: Registered Agent signature required when reinstating). DATE				
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, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing Added to Fees				
10.	OFFICERS AND	DIRECTORS	11,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CROW, THOMAS S. JR.		NAME	
STREET ADDRESS CITY-ST-ZIP	280 SOUTTH COLLIER BLVD. MARCO ISLAND, FL		STREET ADORESS CITY-ST-ZIP	
TITLE	ST	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CROW, DORIS		NAME	
STREET ADDRESS CITY-ST-ZIP	280 SOUTH COLLIER BLVD. MARCO ISLAND, FL		STREET ADDRESS CITY-ST-ZIP	
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CROW, THOMAS S. SR.		NAME	
STREET ADDRESS CITY-ST-ZIP	280 SOUTH COLLIER BLVD.		STREET ADDRESS CITY-ST-ZIP	
TITLE	MARCO ISLAND, FL	□ Delete	TITLE	☐ Change ☐ Addition
NAME		☐ Delete	NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	Change Cladding
TITLE NAME		☐ Delete	TITLE NAME	Change Addition
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME CTOSET ADDRESS			NAME STREET ADDRESS	
STREET ADDRESS			STREET ADDRESS	

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 expowered 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 emprowered.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNIN

OF ICER OR DIRECTOR

4 25 06

Daytime Phone #