2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

Principal Place of Business

P93000024098

Mailing Address

1. Entity Name

TORRÉY S CREST, INC.



FILED Apr 07, 2003 8:00 am Secretary of State 04-07-2003 90155 005 ***150.00

2. Principal Place of Business 3. Mail-ry Address Sute, Apt. 4, etc. City & Silve Country Zin Country Zin Country Zin Country St. Contribute of St.75 Anchonel St.75 Anchone	365 OLD DIXIE BOWLING GRE US			365 OLD DIXIE HWY BOWLING GREEN FL 33834 US				2 1				
Suite, Apt. if, etc. Cyte Suite	2. Principal F		3. Mailing A	ddress .			1					
Sherry J. Country Zip Country S. Certificate of Status Desired \$8.75 Additional \$8.75 Additional	Suite, Apt.	^ ~/\ '/ * · · · · · · · · · · · · · · · · · · 	Suite, Apr	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
SHEPARD JR, THOMAS 2342 CR 664 BOWLING GREEN FL 33834 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, speed or primer name of implaced agent and like if applicable. POTE Registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, speed or primer name of implaced agent and like if applicable. POTE Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, speed or primer name of implaced agent and like if applicable. POTE Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, speed or primer name of implaced agent and like if applicable. POTE Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature included with mentalizing DME FILE NOW!!! FEE IS 158,0.00					,			0074392/43				
S. Name and Address of Current Registered Agent SHEPARD JR, THOMAS 2342 CR 664 BOWLING GREEN FL 33834 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. I am familiar with, and accept the obligations of registered agent agent and the space of the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE PMD NUME SHEPARD, THOMAS L JR. NAME SHEPARD, THOMAS L JR. NAME SHEPARD, THOMAS L JR. NAME SHEPARD, DELILIA N	Zip -	Country			Country	,	5. Ce	ertificate of Status Desired [75 Addi	tional	
SHEPARD JR, THOMAS 2342 CR 664 BOWLING GREEN FL 33834 City FL Zip Code			rrent Registered Ag	ent			7. Na	me and Address of New Regis	tered Age	nt		
BOWLING GREEN FL 33834 City FL Zip Code	·											
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, hold or printed harve of registered agent and title if applicable. (MOTE Registered Agent signature required when rehatating) PIE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MAME STRET ADDRESS CITY-ST-2P BOWLING GREEN FL 33834 CITY-ST-2P TITLE MAME SIRET ADDRESS CITY-ST-2P TITLE MA												
SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Fioridad Pepartment of State						City			FL	Zip Code		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.			nent for the purpose o	f changing its re	egistered	office or registe	red agen	nt, or both, in the State of Florida	. I am fami	iliar with, a	nd accept	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MAME SHEFARD, THOMAS L. JR. 3242 CR 664 BOWLING GREEN FL 33834 TITLE STET ADDRESS SIRET ADRESS SIRET ADDRESS SIRET	SIGNATURE	Signature, typed or printed name of registere	d agent and title if applicable.	(NOTE: F	Registered A	gent signature required	d when reins	stating)	DATE			
TITLE PMD Delete NAME SHEPARD, THOMAS L JR. STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP Delete Delete TITLE Delete Delete TITLE Delete Delete TITLE Delete	Afte	r May 1, 2003 Fee will be \$55	0.00		•				_			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	10.		AND DIRECTORS		11.		ADD	ITIONS/CHANGES TO OFFICE	RS AND DIF	RECTORS	IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP BOWLING GREEN FL 33834 Delete	NAME STREET ADDRESS	SHEPARD, THOMAS L JR. 2342 CR 664	l	□ Delete	NAME STREET					Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	Shepard, Delilia 365 old dixie hwy		☐ Delete	TITLE MAME STREET	ADDRESS				Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	.~	1	Delete	NAME STREET					Change	Addition .	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS]	Delete	N'AME STREET					Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS		{	□ Delete	NAME STREET					Change	Addition	
	NAME STREET ADDRESS CITY-ST-ZIP				NAME STREET A CITY-ST	-ZIP						

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 like empowered.

SIGNATURE: