2007 FOR PROFIT CORPORATION ANNUAL REPORT DOCLIMENT # P93000062517



FILED Mar 19, 2007 8:00 am Secretary of State

ENGLEWOOD, FL 34224 US ENGLEWOOD, FL 34224 US 2. Principal Place of Business - No P.O. Box # 3. Maining Address Suite. Apt. 4, etc. Suite. Apt. 4, etc. City & State C	1. Entity Name CREST ENGINEERING ASSOCIATES OF FLORIDA, P.A.						03-19-2007	-		00
ENGLEWOOD, FL 34224 US	Principal Place of Business Mailing Address					┦.,	. 🕳			
Suite, Apt. #. etc.				24 US	í		٠.			
City & State	Principal Place of Business - No P.O. Box # 3. Mailing Address									
Signature Sign	Suite, Apt. #, etc.		Suite, Apt. #, etc.		03052007	Chg-P	CR2E034 ((12/06)		
BADACH, FRANK J 568 YAMATO ROAD BURDORANK BUILDING SUITE 200 BOCA RATOR ROAD BURDORANK BUILDING SUITE 200 BURDORANG	City & State		City & State	City & State		1				
BADACH, FRANK J 568 YAMATO ROAD EUROBANK BUILDING SUITE 200 BCCA RATOR FL Street Address (9.0 Go.N.Mmber is Not Acceptable) City Boca Rator N FL Street Address (9.0 Go.N.Mmber is Not Acceptable) City Boca Rator N FL Street Address (9.0 Go.N.Mmber is Not Acceptable) City Boca Rator N FL Street Colors FL	Zip	Country	Zip	Count	iry	5. Certificate	of Status Desired			
BADACH, FRANK J 568 YAMATO ROAD BCCA RATON, FL 33431 6. The above named ently submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am hamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamiliar with, and accept the obligations of registered agent, and the inspectation. SIGNATURE: Signature, report or printed rance of registered agent and the inspectation.		6. Name and Address of Curren	t Registered Agent		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Horiza. I am terminal with, and accept the obligations of registered agent. SIGNATURE Price	568 YAMATO ROAD EUROBANK BUILDING SUITE 200				LANACH FRANK V					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Horiza. I am terminal with, and accept the obligations of registered agent. SIGNATURE Price					City Bock	ARATON	,			
### PILE NOWILI FEE IS \$150.00 ### PILE NOWILI FEE IS \$160.00			for the purpose of changing its	registere	ed office or regis	stered agent, or bo	th, in the State of FI	lorida. I am fami	iliar with, a	and accept
After May 1, 2007 Fee will be \$55.00 Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE P	SIGNATURE_	Signature, typed or printed name of registered ager	nt and title if applicable. (NOT	E: Registered	d Agent signature requ	uired when reinstating)		DATE		
TITLE	FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550								
NAME SITRET ADDRESS CITY-ST-ZIP TITLE VEVP VIENEET ADDRESS CITY-ST-ZIP TITLE VEYP VIENEET ADDRESS CITY-ST-ZIP TOMS RIVER, NJ 08755 TOMS RIVER, NJ 08755 TITLE VEYP VIENEET ADDRESS CITY-ST-ZIP TITLE VEYP TOMS RIVER, NJ 08755 TOMS RIVER, NJ 08755 TITLE VEYP TITLE VEYP TITLE VEYP TOMS RIVER, NJ 08755 TOMS RIVER, NJ 08755 TOMS RIVER, NJ 08755 TOMS RIVER, NJ 08755 TITLE VEYP TOMS RIVER, NJ 08753	10.	OFFICERS AND	D DIRECTORS	11.		ADDITIONS	/CHANGES TO OF	FICERS AND DI	RECTORS	IN 11
TITLE NAME	NAME STREET ADDRESS	STRONG, PETER W 410 RANDOLPH ROAD	☐ Delete	NAME STREE	e et address				Change	☐ Addition
TITLE	TITLE NAME STREET ADDRESS	VEVP WIENER, RICHARD P 2029 BROOK WOOD DR	☐ Delete	TITLE NAM! STRE	E E EET ADDRESS] Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP ROSELLE, NJ 07203 CITY-ST-ZIP VP TOTTEN, LORALI E STREET ADDRESS CITY-ST-ZIP TITLE VP EAST WINDSOR, NJ 08520 CITY-ST-ZIP TITLE VP ITILE TOTTEN, LORALI E STREET ADDRESS CITY-ST-ZIP TITLE VP ITILE VP ITILE VP ITILE VP ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE VP INTILE, MICHAEL B STREET ADDRESS CITY-ST-ZIP TOMS RIVER, NJ 08753 CITY-ST-ZIP TOMS RIVER, NJ 08753	NAME STREET ADDRESS	VST WEYERS, GREGORY F 7201 WATERS WAY	☐ Defete	NAME STRE	e et address				Change	Addition
TITLE	NAME STREET ADDRESS	HUNDLEY, DANIEL P 452 ROBINS STREET	☐ Delete	NAMI STRE	EET ADDRESS] Change	☐ Addition
NAME INTILE, MICHAEL B NAME STREET ADDRESS OS SUSAN STREET TOMS RIVER, NJ 08753 NAME STREET ADDRESS CITY-ST-ZIP TOMS RIVER, NJ 08753 CITY-ST-ZIP	TITLE NAME STREET ADDRESS	VP TOTTEN, LORALI E 10 CLARK CT.	☐ Delete	NAM STRE	EET ADDRESS] Change	Addition
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 and filicer or director.	NAME Street address City-St-Zip	INTILE, MICHAEL B 90 SUSAN STREET TOMS RIVER, NJ 08753		NAM Stre City	BE EET ADDRESS '-ST-ZIP	ined in Chanter 11	O. Elevida Statutos			Addition

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:	Crest.
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-47 941-475-5651