2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2004 8:00 am Secretary of State

DOCUMENT # P93000070314 1. Entity Name CRESCENT PROPERTIES, INC.				04-26-2004 90486 028 ***150.00		
Principal Plac 2611 HENDY ORLANDO, FI	COURT	Mailing Address 2611 HENDY COURT ORLANDO, FL 32817 U	ıs ·	94066323		
2. Principal P	lace of Business	3. Mailing Address	1117			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	143	04232004 Chg-P CR2E034 (10/03)		
City & State	9	NEW JAMPANIE	BEACH	4. FEI Number Applied For 59-3201984 Not Applied		
Zip	Country	32170 B	Country S.	5. Certificate of Status Desired		
	6. Name and Address of Current I	Registered Agent		7. Name and Address of New Registered Agent		
N				PITHALER, VIETOR L.		
SPITHALER, VICTOR L. 2611 HENDY COURT ORLANDO, FL 32817			Street Address (P.O. Box Number is Not Acceptable)			
	,		City	Zio Code		
			NEW	SMYRNA BEACH FL 32969		
		the purpose of changing its regi	stered office or reg	gistered agent, or both, in the State of Florida. I am familiar with, and according	ept	
the obligations of regristered agent.						
SIGNATURE Signature, typed or printed name of registered agent and pile if applicable. (NOTE: Registered Agent signature required when reinstating) ### ATE						
FILE NOW!(I FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1 2004 Fee will be \$550.00 Trust Fund Contribution.						
After Ma	ay 1, 2004 Fee will be \$550.0	10 Trast rand Continuat	KVI.	Added to Fees		
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE	Change Add	lition	
NAME	SPITHALER, VICTOR L		NAME	SPITATER VICTOR C.		
STREET ADDRESS :	2611 HENDY COURT ORLANDO, FL 32817	1	STREET ADDRESS CITY-ST-ZIP	SPITHALER VICTOR (Change Add 2108 S. ATLANTIE AVE NEW SMYRNA BEACH, FL. 3216	9	
-tilite	ORLANDO, FL 32817					
NAME		☐ Delete	NAME	Change Add	IIIIQA	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP		ı	
TITLE		☐ Delete	TITLE	☐ Change ☐ Add	ition	
NAME			NAME			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS			
TITLE	<u></u>		CITY-ST-ZIP			
NAME		☐ Delete	TITLE	☐ Change ☐ Add	ition	
		☐ Delete	TITLE NAME	☐ Change ☐ Add	ition	
STREET ADDRESS	,	☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Add	ition	
CITY-ST-ZIP	,		NAME STREET ADDRESS CITY-ST-ZIP			
CITY-ST-ZIP	,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	☐ Change ☐ Add		
CITY-ST-ZIP	on a gran to the control of the cont		NAME STREET ADDRESS CITY-ST-ZIP			
CITY-ST-ZIP TITLE NAME	en general Kongo Laboro da en da bena		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			
CITY-ST-ZIP TITLE NAME STREET ADDRESS	1		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		lition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	1	☐ Detele	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	☐ Change ☐ Add	lition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	☐ Detele	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	☐ Change ☐ Add	lition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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.