


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000003512 1. Entity Name CROCKETT CONSTRUCTION SERVICES, INC.	
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Principal Place of Business % P.O. BOX 1691 JUPITER, FL 33468	Mailing Address % P.O. BOX 1691 JUPITER, FL 33468
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DO NOT WRITE IN THIS SPACE




03042005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0503964	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent CROCKETT, WILLIAM D 3248 COVE ROAD TEQUESTA, FL 33469	DO NOT WRITE IN THIS SPACE
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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.

SIGNATURE:  N/A DATE: 4/20/05

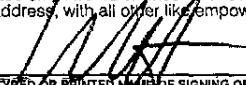
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000324361 04/22/05-80092-002 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CROCKETT, W D % P.O. BOX 1691 JUPITER, FL 33468
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**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:  N/A DATE: 4/20/05 DAYTIME PHONE #: 561 747 0120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR