2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 02, 2005 08:00 AM Secretary of State

DOCUMENT # P94000056465 1. Entity Name CRIMI DEVELOPMENT COMPANY					Se	cretary of Stat
Principal Plac 10762 S. US BELLEVIEW,		Mailing Address 10762 S. US HWY 441 BELLEVIEW, FL 34420 US				
DO NOT WRITE IN THIS SPA			CE	01212005 4. FEI Number 59-3266	No Chg-P	CR2E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required
	6. Name and Address of Current Re	gistered Agent				· *** · **** * *
CRIMI, MICHAEL JR 5925 SE ABSHIER BLVD BELLEVIEW, FL 34420			DO NOT WRITE IN THIS SPACE			
	named entity submits this statement for tillions of registered agent.	ne purpose of changing its register	ed office or register	ed agent, or both	, in the State of Florid	da. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and	title if applicable (NOTE Registers	ed Agen) signature required	when reinstating)		DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.				.00 May Be ed to Fees		
10.	OFFICERS AND DI	RECTORS	1			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CRIMI, MICHAEL JR. 10762 S. US HWY 441 BELLEVIEW, FL 34420				U00000 03/02/05-	0249231 -80060-019 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRIMI, DEANNA 10762 S. US TWY 441 BELLEVIEW, FL 34420			 		·
TITLE NAME STREET ADDRESS				DO	NOT WF	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					HIS SP	

12. I hereby certify that the information supplied with this filling 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 of 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: ,

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PENTED NAME OF SIGNING OFFICER OR DIRECTO

DEANNA J.O. CRIMI

02/14/05

Daylime Phone ∉