

May 02, 2005 08:00  
Secretary of State**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

|                                                                                |                                                                                   |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P94000078503</b><br>1. Entity Name<br>CRISHER CONSTRUCTION, INC. |  |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                 |                                                             |
|---------------------------------------------------------------------------------|-------------------------------------------------------------|
| Principal Place of Business<br>225 N. 14TH STREET<br>FERNANDINA BEACH, FL 32034 | Mailing Address<br>PO BOX 999<br>FERNANDINA BEACH, FL 32034 |
|---------------------------------------------------------------------------------|-------------------------------------------------------------|



04282005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

|                                  |                                                                    |
|----------------------------------|--------------------------------------------------------------------|
| 4. FEI Number<br>59-3272945      | Applied For<br>Not Applicable                                      |
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |

|                                                                                                                               |                                       |
|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>CRISHER, STANLEY J<br>225 N. 14TH STREET<br>FERNANDINA BEACH, FL 32034 | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|                                                                             |                                                                                                                    |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <b>FILE NOW! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$350.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be<br>Added to Fees |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                              |
|------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CRISHER, STANLEY J<br>225 N. 14TH STREET<br>FERNANDINA BEACH, FL 32034  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CRISHER, GRACIE G<br>2059 OAK MARSH DRIVE<br>FERNANDINA BEACH, FL 32034 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CRISHER, JAMES N<br>2059 OAK MARSH DRIVE<br>FERNANDINA BEACH, FL 32034  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                              |

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05/04/05-80020-015 158.75

**DO NOT WRITE  
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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.

SIGNATURE: Stanley Crisher 4/27/05 904-261-2852  
CLERK SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR