

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90163 042 ***158.75

DOCUMENT # P95000033886

1. Entity Name
CREST TRUST LTD., INC.



Principal Place of Business
**777 S FLAGLER DRIVE
SUITE 1101E
WEST PALM BEACH, FL 33401 US**

Mailing Address
**777 S FLAGLER DRIVE
SUITE 1101E
WEST PALM BEACH, FL 33401 US**



02032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0649860

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SHEWALTER, WILLIAM A
777 S FLAGLER DRIVE
SUITE 1101E
WEST PALM BEACH, FL 33401**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PT
NAME SILVESTRI, LAWRENCE A
STREET ADDRESS 777 S FLAGLER DRIVE, STE 1101E
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE VS
NAME GEIST, MINNIE S
STREET ADDRESS 777 S FLAGLER DRIVE, STE 1101E
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE AS
NAME GARVIN, DORANNE M
STREET ADDRESS 777 S FLAGLER DRIVE, STE 1101E
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE AT
NAME SHEWALTER, WILLIAM A
STREET ADDRESS 777 S FLAGLER DRIVE, STE 1101E
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(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: William A. Shewalter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04 561-833-3777
Date Daytime Phone #