

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90165 031 ***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

20050010



04142005 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

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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, 2005 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

4/30/05
Date

561-833-3777
Daytime Phone #

Assistant Treasurer