

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90113 006 ***150.00



DOCUMENT # P95000064065

1. Entity Name

CRESSKILL, INC.

Principal Place of Business

58 PECAN RUN PASS
 Ocala FL 34472
 US

Mailing Address

58 PECAN RUN PASS
 Ocala FL 34472
 US



2. Principal Place of Business

56 REDWOOD TRACK RUN
 Suite, Apt. #, etc.

3. Mailing Address

56 REDWOOD TRACK RUN
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State

Ocala, FL

City & State

Ocala, FL

4. FEI Number

65-0601087

Applied For

- Not Applicable

Zip

34472

Country

USA

Zip

34472

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HEFFERNAN, RICHARD L
 2911 EAST MAIN STREET
 PAHOKEE FL 33476

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SHERMAN, ROBERT W	
STREET ADDRESS	58 PECAN RUN PASS	
CITY-ST-ZIP	OCALA FL 34472	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHERMAN, LORETTA M	
STREET ADDRESS	58 PECAN PASS	
CITY-ST-ZIP	OCALA FL 34472	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	56 REDWOOD TRACK RUN	
STREET ADDRESS	OCALA, FL, 34472	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	56 REDWOOD TRACK RUN	
STREET ADDRESS	OCALA, FL, 34472	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Robert W Sherman* ROBERT W SHERMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-04-06 352-687-2870 Daytime Phone #