

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000097388</b>	
1. Entity Name CRESCENT PARK DEVELOPMENT, INC.	
Principal Place of Business 551 REDSTONE AVE. WEST CRESTVIEW, FL 32536	Mailing Address 551 REDSTONE AVE. WEST CRESTVIEW, FL 32536



01032007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3426874	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  SMITH, BRAD 8172 GREEN ST. LAUREL HILL, FL 32567
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THIGPEN, LEE 1005 CAPRI COURT CRESTVIEW, FL 32536
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CLARK, TIM 15500 EMERALD COAST PKWY. DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, BRAD 8172 GREEN ST. LAUREL HILL, FL 32567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CADENHEAD, ROBERT 2909 MURRAY LANE CRESTVIEW, FL 32539
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICE, DALE JR. 109 OLD SOUTH RD. CRESTVIEW, FL 32536
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000581018  
01/10/07-80071-002 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:** *Brad Smith* **BRAD SMITH (T)** 1-3-07, 850 683 3997  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #