2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000103765

1. Entity Name

CREVELLO FINANCIAL SERVICES, INC.



FILED Apr 12, 2006 08:00 AM Secretary of State

Principal Place of Business

11621 SEMINOLE BLVD SEMINOLE, FL 33778 Mailing Address

11621 SEMINOLE BLVD SEMINOLE, FL 33778



01042006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3417095 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Regulred

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

CREVELLO, PAUL F 11621 SEMINOLE BLVD SEMINOLE, FL 33778

DO NOT WRITE IN THIS SPACE

SEMINULE, FL 33/16			IN THIS SPACE			
	e named entity submits this statement for the patient of the patient of registered agent.	surpose of changing its registers	ed office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and title	norman 3TOM video la	i Agent signature	required when remstating)	DATE	
Fil. After M	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution.	9. Election Campaign Financing Trust Fund Contribution. S5.00 May Be Added to Fees			
10. TITLE NAME SIREET ADDRESS CITY-SI-ZIP	OFFICERS AND DIRECT PD CREVELLO, PAUL F 11621 SEMINOLE BLVD SEMINOLE, FL 33778 VD CREVELLO, CHRISTINE 11621 SEMINOLE BLVD SEMINOLE, FL 33778	JURS		000000503349 04/26/06-80030-001 150. DO NOT WRITE		
TITLE MAME STREET ADORLSS CITY-ST- ZIP TITLE NAME STREET ADORESS CITY-ST- ZIP				IN THIS SPACE		
TITLE NAME CYPEST ADDRESS						

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 it made under oath; that I am an officer or direction of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with any oddress, with all other like empowered.

SIGNATURE:

CRY-57-772

MUULUCUA YAUL CREVEIU
GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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