


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 12, 2005 8:00 am**  
**Secretary of State**

09-12-2005 90075 001 \*\*\*900.00

**DOCUMENT # P98000075265**

1. Entity Name  
**THE CREST FAMILY OF BUSINESSES, INC.**



Principal Place of Business      Mailing Address

**6126 THOMAS DR  
 PANAMA CITY BEACH, FL 32408**      **6126 THOMAS DR  
 PANAMA CITY BEACH, FL 32408**

**66027261**



09082005    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3540675**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HESS, BRIAN D  
 9108 FRONT BEACH RD  
 PANAMA CITY BEACH, FL 32407**

**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 releasing) DATE

**FILE NOW!!! FEE IS \$550.00  
 Due by September 7, 2005**

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	PD YOUNG, WILLIAM P 6905 THOMAS DR PANAMA CITY BEACH, FL 32408
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**DO NOT WRITE IN THIS SPACE**

*Admin. Dissolution removed and AR backdated to date of original receipt. The report was rejected in error.  
 JPT 3/30/06*

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 P. Young      **William P. Young**      9/8/05      850-230-1170

DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

ATTACHMENT



66027265

- # S81711
- # P98000075265 ✓
- # P97000067017 ✓
- # S84989 ✓
- # F45389
- # P9700004073 ✓

*To Whom It May Concern:*

*Please consider waiving the late fees on these corporations. We were unable to download the correct forms due to very busy phone lines due to Hurricane Katrina. Thank you very much for this consideration, as our company has suffered a great deal of loss in the past 2 years. Please contact Paula or Beth if you should have any further questions.*

*Thank you,*

*Paula Griffith*  
Paula Griffith