

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 29, 2004 8:00 am**  
**Secretary of State**

07-29-2004 90006 027 \*\*\*150.00

**DOCUMENT # S49814**

1. Entity Name  
PAT CRENSHAW & ASSOCIATES, INC.



Principal Place of Business

P.O. BOX 822298  
SOUTH FLA, FL 33029 US

Mailing Address

57 NORTH HARBOR DRIVE  
KEY LARGO, FL 33037 US

**54065724**



07022004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0270861

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CRENSHAW, PAT  
57 NORTH BAY HARBOR DRIVE  
KEY LARGO, FL 33037

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 8, 2004**

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  
CRENSHAW, PAT  
57 NORTH BAY HARBOR DRIVE  
KEY LARGO, FL 33037

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment

524065724  
# 549814

**PAT CRENSHAW & ASSOCIATES, INC.**

**P.O. BOX 822298**  
**SOUTH FLA, FL 33029**

57 N BAY HARBOR DR  
KEY LAR 60, FL  
33037

July 20, 2004

Uniform Business Report  
Division of Corporations  
P. O. Box 1500  
Tallahassee, Florida 32302-1500

**RE: PAT CRENSHAW & ASSOCIATES, INC.**  
**FEIN# 65-0270861**

Dear Sir or Madam:

Enclosed please find a Uniform Business Form for Pat Crenshaw & Associates, Inc. The company never received the UBR Card for 2004. I called your office to discuss this problem. Pursuant to that conversation I am respectfully asking for an abatement of penalties. Also please find enclosed a check in the amount of \$ 150 for the year 2004.

I want to thank you for all of the help that was given to me. If you have any questions, please contact me at the above address.

Very Truly Yours,



Patrick Crenshaw

enclosed  
Ww/ubr/ UBR LTR 2004 Pat Crenshaw & Assoc.