## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Jan 25, 2008 08:00 AM **DOCUMENT # S85698 Secretary of State** 1. Entity Name CRANDALL CONSTRUCTION, INC. Principal Place of Business Malling Address **808 SOUTH BEACH STREET** 808 SOUTH BEACH STREET US ORMOND BEACH, FL 32174 ORMOND BEACH, FL 32174 01132008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3101203 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent CRANDALL, JOE E. DO NOT WRITE 808 S. BEACH ST. ORMOND BEACH, FL 32174 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 againt. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FiLE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution, ? Added to Fees 10. OFFICERS AND DIRECTORS TITLE CRANDALL, JOE E. NAME STREET ADDRESS 808 SOUTH BEACH STREET U00000796762 01/29/08-80045-019 150.00 CITY-ST-ZIP ORMOND BEACH, FL 32174 TITLE CRANDALL, DAWN NAME STREET ADDRESS 808 SOUTH BEACH STREET CITY-ST-ZIP ORMOND BEACH, FL 32174 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this Hing 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 sprowered.

SIGNATURE:

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CITY-ST-ZIP TITLE NAME

STREET ADDRESS CITY-ST-ZIP