

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 304805

**Entity Name:** WM. B. CRESSE, INC.

**Current Principal Place of Business:**

117 COMMERCE AVE  
LAKE PLACID, FL 33852

**Current Mailing Address:**

PO BOX 906  
LAKE PLACID, FL 33862

**FEI Number:** 59-1141059

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CRESSE, WILLIAM M.  
117 COMMERCE AVE  
LAKE PLACID, FL 33852 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title VD  
Name CRESSE, EVELYN F  
Address PO BOX 906  
City-State-Zip: LAKE PLACID FL 33862

Title PD  
Name CRESSE, WILLIAM M.  
Address PO BOX 906  
City-State-Zip: LAKE PLACID FL 33862

Title CORRESPONDING SECRETARY  
Name CRESSE, BRIAN  
Address 117 COMMERCE AVE  
City-State-Zip: LAKE PLACID FL 33852

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** WILLIAM M CRESSE

PD

04/22/2022

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date