

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2007 08:00 A
Secretary of State

DOCUMENT # 283378 1. Entity Name CRUTCHFIELD & SONS, INC.	
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Principal Place of Business 149 EAST CENTER STREET P.O. BOX 1864 SEBRING, FL 33870	Mailing Address 149 EAST CENTER STREET P.O. BOX 1864 SEBRING, FL 33870
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DO NOT WRITE IN THIS SPACE



02202007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1099405	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CRUTCHFIELD, H EARL
1034 LUCEREN BLVD.
SEBRING, FL 33870**

**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 \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CRUTCHFIELD, H. EARL 1034 LUCERNE BLVD. SEBRING, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CRUTCHFIELD, J. THOMAS 206 MOON RANCH RD. SEBRING, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CRUTCHFIELD, EARL H JR 1819 SAND TRAP CT SEBRING, FL 33872
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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03/06/07-80021-005 150.00

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 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

2-21-07
Date

Daytime Phone #