

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 07, 2005 08:00 AM
Secretary of State**

DOCUMENT # 404235

1. Entity Name
CRUISE AMERICA, INC.



Principal Place of Business
**11 W HAMPTON AVE
MESA, AZ 85210 US**

Mailing Address
**11 W HAMPTON AVE
MESA, AZ 85210 US**



01282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1403609

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC
1201 HAYS ST
TALLAHASSEE, FL 32301**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SMALLEY, ROBERT A., JR.
STREET ADDRESS 11 W HAMPTON AVE
CITY-ST-ZIP MESA, AZ 85210

TITLE ST
NAME BENSEN, ERIC R.
STREET ADDRESS 11 W HAMPTON AVE
CITY-ST-ZIP MESA, AZ 85210

TITLE CFO
NAME SMALLEY, RANDALL S
STREET ADDRESS 11 W. HAMPTON AVE
CITY-ST-ZIP MESA, AZ 85210

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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000000217149
02/07/05-80013-004 150.00

~~02/07/05-80013-004 **150.00~~

**DO NOT WRITE
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)(f), 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

2-1-2005

Date

480-464-7300

Daytime Phone #