


**FILED**  
**Mar 31, 2008 08:00 A**  
**Secretary of State**

**2008 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

DOCUMENT # F07000004266  
 1. Entity Name  
 CROSSVILLE, INC.



Principal Place of Business  
 346 SWEENEY DR.  
 CROSSVILLE, TN 38555

Mailing Address  
 P.O. BOX 1168  
 CROSSVILLE, TN 38555



01262008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 38-2781853

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND RD.  
 PLANTATION, FL 33324

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when retreating)

**FILE NOW!! FEE IS \$150.00  
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fee

U00000873894  
 04/10/08-80098-004 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEVP CURRAN, TIMOTHY J. 7502 S. MAIN ST. CRYSTAL LAKE, IL 80014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCVP CURRAN, MICHAEL J. 7502 S. MAIN ST. CRYSTAL LAKE, IL 80014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEV CURRAN, DANIEL P. 7502 S. MAIN ST. CRYSTAL LAKE, IL 80014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, JOHN E. 346 SWEENEY DR. CROSSVILLE, TN 38555
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CURRAN, CATHERINE 7502 S. MAIN ST. CRYSTAL LAKE, IL 80014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WOLF, JORDAN 7502 S. MAIN ST. CRYSTAL LAKE, IL 80014

**DO NOT WRITE  
 IN THIS SPACE**

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 procure 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: *Delwyn Selby* 3-28-08 931-484-2110  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #