

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007606

FILED
Feb 14, 2009
Secretary of State

Entity Name: CRUCIAL, INC.

Current Principal Place of Business:

4925 SPRING GLEN ROAD
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

4925 SPRING GLEN ROAD
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 26-0119475

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TWILLIE, CEDRIC
4925 SPRING GLEN ROAD
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: TWILLIE, CEDRIC
Address: 4925 SPRING GLEN ROAD
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: TOLBERT, JR, JOSEPH
Address: 6539 TOWNSEND RD #53
City-St-Zip: JACKSONVILLE, FL 32073

Title: DT () Delete
Name: COZIER, ANTHONY R
Address: 1233 DOLPHIN STREET
City-St-Zip: ORANGE PARK, FL 32073

Title: D () Delete
Name: MELLIPHANT, KEVIN
Address: 6455 ARGYLE FOREST BLVD.
City-St-Zip: JACKSONVILLE, FL 32244

Title: D () Delete
Name: NELSON, SANDRA
Address: 7843 EAST COLLINS RIDGE BLVD
City-St-Zip: JACKSONVILLE, FL 32244

Title: DS () Delete
Name: COVINGTON, STEPHEN
Address: 3545-1 ST. JOHNS BLUFF RD. S. SUITE # 303
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY R COZIER

DT

02/14/2009

Electronic Signature of Signing Officer or Director

Date