

**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 24, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90553 012 \*\*\*158.75

**66423885**



MOORE CR2E034 (11/03)

DOCUMENT # P03000096378					
1. Entity Name CRUSHING CORPORATION OF AMERICA INC.					
Principal Place of Business 2226 EAST MAIN STREET LAKELAND FL 33801 US			Mailing Address PO BOX LAKELAND FL 33804 US		
2. Principal Place of Business		3. Mailing Address P.O. Box 93376			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Lakeland			
City & State		City & State Florida		4. FEI Number 42-1603125	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
		33804	US		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MATTAIR, EMILY 2226 EAST MAIN STREET LAKELAND FL 33801			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when releasing) _____ DATE _____					
<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2004 Fee will be \$550.00</b>  <b>Make Check Payable to Florida Department of State</b></p>			<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b></p>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	Director <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Emily Mattair		NAME		
STREET ADDRESS	3033 Sutton Road		STREET ADDRESS		
CITY-ST-ZIP	Lakeland, FL 33809		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Emily Mattair</u>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>Emily Mattair</u>		
			Date <u>4/8/04</u> Daytime Phone # <u>863-665-0303</u>		