


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 16, 2004 8:00 am**  
**Secretary of State**

07-16-2004 90007 004 \*\*\*558.75

**DOCUMENT # P04000001270**

1. Entity Name  
**CROM ENGINEERING AND CONSTRUCTION SERVICES, INC.**



Principal Place of Business  
**250 SW 36TH TERRACE  
 GAINESVILLE, FL 32607**

Mailing Address  
**250 SW 36TH TERRACE  
 GAINESVILLE, FL 32607**

**54062697**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

06292004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent  
**BULL, STEPHEN M  
 111 NORTH ORANGE AVENUE  
 SUITE 950  
 ORLANDO, FL 32801**

4. FEI Number  
**20-0484387**

Applied For  
 Not Applicable

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

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00  
 Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

|  |   |                                 |
|--|---|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>President</b><br><b>MALPASS, JEFFERY D</b><br><b>250 SW 36TH TERRACE</b><br><b>GAINESVILLE, FL 32607</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>PAVLIK, STEPHEN W</b><br><b>250 SW 36TH TERRACE</b><br><b>GAINESVILLE, FL 32607</b>                      | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>BEVIS, GERALD C</b><br><b>250 SW 36TH TERRACE</b><br><b>GAINESVILLE, FL 32607</b>                        | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>LEISEY, RYAN J</b><br><b>250 SW 36TH TERRACE</b><br><b>GAINESVILLE, FL 32607</b>                         | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>SMALLWOOD, WILLIAM E</b><br><b>250 SW 36TH TERRACE</b><br><b>GAINESVILLE, FL 32607</b>                   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>COPLEY, JAMES D</b><br><b>250 SW 36TH TERRACE</b><br><b>GAINESVILLE, FL 32607</b>                        | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |   |   |
|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>Secretary/Treasurer</b><br><b>Walter R Carlton</b><br><b>250 S.W. 36th Terrace</b><br><b>Gainesville, FL 32607</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Walter R Carlton Secretary/Treasurer 07-01-04  
REPRODUCED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Walter R Carlton

Attachment  
Doc. # P04000001270

Crom Engineering and Construction Services, Inc.  
Federal ID #20-0484387

54062697

Name & Office Address

OFFICERS

|                     |  |
|---------------------|--|
| President           | Jeffery D Malpass, 250 SW 36 <sup>th</sup> Terrace, Gainesville, FL 32607    |
| Secretary/Treasurer | Walter R Carlton, 250 SW 36 <sup>th</sup> Terrace, Gainesville, FL 32607     |
| Asst. Secretary     | William E. Smallwood, 250 SW 36 <sup>th</sup> Terrace, Gainesville, FL 32607 |
| Asst. Secretary     | James D. Copley, 250 S.W. 36 <sup>th</sup> Terrace, Gainesville, FL 32607    |
| Asst. Secretary     | Stephen W Pavlik, 250 SW 36 <sup>th</sup> Terrace, Gainesville, FL 32607     |
| Asst. Secretary     | Gerald C Bevis., 250 SW 36 <sup>th</sup> Terrace, Gainesville, FL 32607      |
| Asst. Secretary     | Ryan J Leisey, 250 SW 36 <sup>th</sup> Terrace, Gainesville, FL 32607        |