

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90061 005 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 157686 1. Entity Name WALTER R. CRABTREE COMPANY		
Principal Place of Business C/O 4102 ROBIN HOOD RD JACKSONVILLE, FL 32210 US		Mailing Address C/O 4102 ROBIN HOOD RD JACKSONVILLE, FL 32210 US
DO NOT WRITE IN THIS SPACE		
8. Name and Address of Current Registered Agent CAPON, RICHARD W 4102 ROBIN HOOD RD JACKSONVILLE, FL 32210		DO NOT WRITE IN THIS SPACE
12. 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 <u>Mary Crabtree - Mary Crabtree - President - 4-10-07</u> DATE <u>4-10-07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CPD CRABTREE, MARY C/O 4102 ROBIN HOOD RD JACKSONVILLE, FL 32210	
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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 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>Mary Crabtree - Mary Crabtree - President - 4-10-07</u> 771-415-9119 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		