

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 176707**

1. Entity Name  
**THE CROM CORPORATION**



Principal Place of Business  
**250 S.W. 36 TERRACE  
GAINESVILLE, FL 32607**

Mailing Address  
**250 S.W. 36 TERRACE  
GAINESVILLE, FL 32607**



04262007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-0702495**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**NEFF, JAMES A  
250 S.W. 36TH TERRACE  
GAINESVILLE, FL 32607**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SVPD  
BALCK, LARS JR  
9 CEDAR CHINE  
ASHEVILLE, NC 28803**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SVPS  
NEFF, JAMES A  
9809 NW 59TH TERRACE  
GAINESVILLE, FL 32653**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SVPD  
PUDEH, H E  
1121 N.W. 36TH STREET  
GAINESVILLE, FL 32605**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
COPLEY, JAMES D JR  
4832 NW 50TH TERRACE  
GAINESVILLE, FL 32606**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VCFO  
CARLTON, WALTER R  
1911 N.W. 89TH DRIVE  
GAINESVILLE, FL 32606**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SVP  
BEVIS, GERALD C  
6424 N.W. 47TH PLACE  
GAINESVILLE, FL 32653**

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05/11/07-80075-004 158.75

**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 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Sr Vice President/CF0**

**352-372-3436**

Date

Daytime Phone #

**Walter R Carlton**