

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 176707

FILED
Apr 22, 2009
Secretary of State

Entity Name: THE CROM CORPORATION

Current Principal Place of Business:

250 S.W. 36 TERRACE
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

250 S.W. 36 TERRACE
GAINESVILLE, FL 32607

New Mailing Address:

FEI Number: 59-0702495 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SVPD () Delete
Name: BALCK, LARS JR
Address: 9 CEDAR CHINE
City-St-Zip: ASHEVILLE, NC 28803

Title: SVPS () Delete
Name: NEFF, JAMES A
Address: 9809 NW 59TH TERRACE
City-St-Zip: GAINESVILLE, FL 32653

Title: SVPD () Delete
Name: PUDER, H E
Address: 1121 N.W. 36TH STREET
City-St-Zip: GAINESVILLE, FL 32605

Title: PD () Delete
Name: COPLEY, JAMES D JR
Address: 4832 NW 50TH TERRACE
City-St-Zip: GAINESVILLE, FL 32606

Title: VCFO () Delete
Name: CARLTON, WALTER R
Address: 1911 N.W. 89TH DRIVE
City-St-Zip: GAINESVILLE, FL 32606

Title: SVP () Delete
Name: BEVIS, GERALD C
Address: 6424 N.W. 47TH PLACE
City-St-Zip: GAINESVILLE, FL 32653

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
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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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER R. CARLTON

VCFO

04/22/2009

Electronic Signature of Signing Officer or Director

_____ Date