

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 392147

1. Entity Name
CROSBY EQUIPMENT COMPANY



Principal Place of Business
**5175 N US #1
COCOA, FL 32927**

Mailing Address
**5175 N US #1
COCOA, FL 32927**



01142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1367999

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CROSBY, C GORDON
5175 N COCOA BLVD
COCOA, FL 32927**

**DO NOT WRITE
IN THIS SPACE**

7. 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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

8. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BOAST, ALFRED
STREET ADDRESS	134 MORRO
CITY-ST-ZIP	PISMO BEACH, CA
TITLE	VSD
NAME	CROSBY, DOUGLAS M
STREET ADDRESS	166 TORO CANYON RD
CITY-ST-ZIP	CARPINTERIA, CA
TITLE	PD
NAME	CROSBY, C GORDON
STREET ADDRESS	5175 N COCOA BLVD
CITY-ST-ZIP	COCOA, FL 32927
TITLE	D
NAME	WEEKS, GEORGE E
STREET ADDRESS	46 TASEO LEARDO N.
CITY-ST-ZIP	CATHEDRAL CITY, CA
TITLE	TD
NAME	CROSBY, KATHRYN M
STREET ADDRESS	166 TORO CANYON RD
CITY-ST-ZIP	CARPINTERIA, CA
TITLE	AT
NAME	TER KEURST, ANGELA M
STREET ADDRESS	6330 BETTY AVE
CITY-ST-ZIP	COCOA, FL

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01/23/04-80026-003 150.00

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IN THIS SPACE**

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: *Angela M. TerKeurst* **Angela M. TerKeurst**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-20-04 321-636-5270