

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 525279

FILED
Mar 02, 2007
Secretary of State

Entity Name: CRUM'S SERVICE, INC.

Current Principal Place of Business:

1321 COASTAL HWY
PANACEA, FL 32346

New Principal Place of Business:

Current Mailing Address:

BOX 145
PANACEA, FL 32346

New Mailing Address:

FEI Number: 59-1796002

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PLOUFFE, RHONDA C
12 CRUM DRIVE
P.O. BOX 145
PANACEA, FL 32346 US

Name and Address of New Registered Agent:

PLOUFFE, RHONDA C
12 CRUM DRIVE
PANACEA, FL 32346 US

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: RHONDA CRUM PLOUFFE

03/02/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CRUM, RONALD F
Address: 5 CRUM DRIVE
City-St-Zip: PANACEA, FL 32346

Title: VP () Delete
Name: CRUM, ELOISE N
Address: 5 CRUM DRIVE
City-St-Zip: PANACEA, FL 32346

Title: ST () Delete
Name: PLAUFFE, RHONDA C
Address: 12 CRUM DRIVE
City-St-Zip: PANACEA, FL 32346

Title: ST () Delete
Name: PLOUFFE, RHONDA C
Address: 12 CRUM DRIVE PO BOX 748
City-St-Zip: PANACEA, FL

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
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ELOISE CRUM

VP

03/02/2007

Electronic Signature of Signing Officer or Director

Date