2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # F07000000946

1. Entity Name
CROCCO SALES ASSOCIATES, INC.

Principal Place of Business	Mailing Address
12995 S. CLEVELAND AVE. PBS 58 FT. MYERS, FL 33907	12995 S. CLEVELAND AVE. PBS 58 FT. MYERS, FL 33907

DO NOT WRITE IN THIS SPACE

01252008 No Chg-P CR2E034 (11/05)

4. FEI Number
34-1624120
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CROCCO, LOUIS
12995 S. CLEVELAND AVE. PBS 58
FT. MYERS, FL 33907

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (Required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PCT
NAME	CROCCO, LOUIS JR.
STREET ADDRESS	9006 ASTONIA WAY
CITY-ST-ZIP	FT. MYERS, FL 33967
TITLE	VCSV
NAME	CROCCO, JUDITH
STREET ADDRESS	9006 ASTONIA WAY
CITY-ST-ZIP	FT. MYERS, FL 33967
TITLE	D
NAME	ANGLE, JAMES D
STREET ADDRESS	8880 DARROW RD.
CITY-ST-ZIP	TWINSBURG, OH 44087
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/27/08-80058-002 150.00

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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: X _____ X 2/13/08 239-454-3954
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #