

# ANNUAL REPORT (AR)

DOCUMENT # F09277

1. Entity Name

CRUMBLY BROS., INC.



**FILED**  
**Apr 09, 2007 08:00 AM**  
**Secretary of State**

Principal Place of Business

629 FT. MEADE RD.  
FROSTPROOF FL 33843  
US

Mailing Address

629 FT. MEADE RD.  
FROSTPROOF FL 33843  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2046093

Applied For

Not Applicable

Zip

Country

Zip

Country

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

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRUMBLY, DEBORAH L  
2151 CR 630 W  
FROSTPROOF FL 33843

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DVP ☐ Delete  
NAME CRUMBLY, RICHARD L  
STREET ADDRESS 10 MOODY LAKE DRIVE  
CITY-STATE-ZIP FROSTPROOF, FL 00000

TITLE ☐ Addition  
NAME ☐ Addition  
STREET ADDRESS ☐ Addition  
CITY-STATE-ZIP ☐ Addition

TITLE ST ☐ Delete  
NAME CRUMBLY, DEBORAH L  
STREET ADDRESS 2151 CR 630 W  
CITY-STATE-ZIP FROSTPROOF, FL 00000

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE DP ☐ Delete  
NAME CRUMBLY, JEREL L  
STREET ADDRESS 2151 CR 630 W  
CITY-STATE-ZIP FROSTPROOF, FL 00000

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Deborah Crumbly* Sec-Treas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/07

Date

8636354004

Daytime Phone #