

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000004357

Entity Name: CRAPPIE MASTERS, INC.

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

25201 HERITAGE LANE  
LEBANON, MO 65536

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 989  
LEBANON, MO 65536

**New Mailing Address:**

FEI Number: 32-0071875

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DEESE, BILL  
2205 DOGWOOD CIRCL  
MT DORA, FL 32757 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

**OFFICERS AND DIRECTORS:**

Title: CP  
Name: ALPERS, PAUL  
Address: 255 NE 851 RD  
City-St-Zip: CLINTON, MO 64735

Title: VCV  
Name: BROWN, BOBBY  
Address: 25201 HERITAGE LANE  
City-St-Zip: LEBANON, MO 65536

Title: T  
Name: BROWN, BOBBY  
Address: 25201 HERITAGE LANE  
City-St-Zip: LEBANON, MO 65536

I hereby 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 all other like empowered.

SIGNATURE: BOBBY BROWN

VP

04/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date