


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F36021</b>	
1. Entity Name <b>CROSBY'S, INCORPORATED</b>	

Principal Place of Business <b>509 OAKRIDGE RD. TALLAHASSEE, FL 32305 US</b>	Mailing Address <b>509 OAKRIDGE RD. TALLAHASSEE, FL 32305 US</b>
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**DO NOT WRITE IN THIS SPACE**

04262005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2096390**

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

Applied For  
Not Applicable

5. Name and Address of Current Registered Agent

**SHIELDS, JOSEPH L  
122 N ADAMS ST  
TALLAHASSEE FL, FL 32304**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CROSBY, OLIVER ZELOTES 509 OAKRIDGE RD. TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CROSBY, JUDITH W. 509 OAKRIDGE RD. TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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400000332382  
04/26/05-80079-025 150.00

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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)(f), 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:** Judith W. Crosby **4-26-05** **421-472**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #