

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F36021

1. Entity Name
CROSBY'S, INCORPORATED



Principal Place of Business
509 OAKRIDGE RD.
TALLAHASSEE, FL 32305 US

Mailing Address
509 OAKRIDGE RD.
TALLAHASSEE, FL 32305 US

APPROVED
AND
FILED
07 APR 27 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04272007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2096390

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. 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

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

(NOTE: Registered Agent signature required when renewing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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
CROSBY, OLIVER ZELOTES
STREET ADDRESS
509 OAKRIDGE RD.
CITY-ST-ZIP
TALLAHASSEE, FL

TITLE
NAME
CROSBY, JUDITH W.
STREET ADDRESS
509 OAKRIDGE RD.
CITY-ST-ZIP
TALLAHASSEE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

300101574093
05/04/07--01009--019 **150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-07 (850) 421-4720