


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F36021 1. Entity Name CROSBY'S, INCORPORATED	
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Principal Place of Business 509 OAKRIDGE RD TALLAHASSEE, FL 32305 US	Mailing Address 509 OAKRIDGE RD TALLAHASSEE, FL 32305 US
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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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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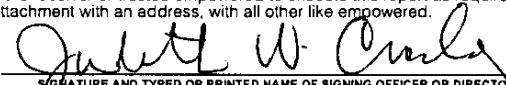
10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CROSBY, OLIVER Z 509 OAKRIDGE RD TALLAHASSEE, FL 32305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CROSBY, JUDITH W 509 OAKRIDGE RD TALLAHASSEE, FL 32305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

RECEIVED
08 APR 30 AM 10:03
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

400127292464
04/30/08--01007--025 **150.00

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:  **4-30-08 (850) 251-1882**

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

FILED
2008 APR 30 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04302008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2096390	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required