

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90099 032 \*\*\*150.00

**DOCUMENT # F91005**

1. Entity Name  
**CRUTCHFIELD GROVES, INC.**



Principal Place of Business

% J. THOMAS CRUTCHFIELD  
149 EAST CENTER ST.  
SEBRING, FL 33870

Mailing Address

% J. THOMAS CRUTCHFIELD  
149 EAST CENTER ST.  
SEBRING, FL 33870

40047910



01072005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1151073**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

CRUTCHFIELD, THOMAS J  
149 EAST CENTER ST.  
SEBRING, FL 33870

**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 reinstating)

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	D
NAME	TAYLOR, CHRISTINE C
STREET ADDRESS	149 E CENTER ST
CITY-ST-ZIP	SEBRING, FL
TITLE	VT
NAME	CRUTCHFIELD, EARL H. EARL
STREET ADDRESS	149 E CENTER ST
CITY-ST-ZIP	SEBRING, FL 33870
TITLE	D
NAME	CAPO, KATHLEEN C
STREET ADDRESS	149 E CENTER ST
CITY-ST-ZIP	SEBRING, FL
TITLE	PS
NAME	CRUTCHFIELD, JOHN THOMAS
STREET ADDRESS	149 E CENTER ST
CITY-ST-ZIP	SEBRING, FL 33870
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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)(i), 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

4/4/05

863-471-2252

Date

Daytime Phone #