

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 01, 2005 8:00 am
Secretary of State

03-08-2005 90163 032 ***150.00

DOCUMENT # H32903 1. Entity Name THE BOB CRUM CO., INC.					
Principal Place of Business 1807 MAIN ST P.O. BOX 809 VALRICO FL 33594			Mailing Address PO BOX 809 P.O. BOX 809 VALRICO FL 33595 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2553296 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CRUM, ROBERT W 1807 MAIN ST VALRICO FL			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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 re-instating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
ST	Sec ELAM, KAIA F				
127 HICKORY CREEK BLVD	BRANDON FL 33511				
P	CRUM, ROBERT W				
127 HICKORY CREEK BLVD	BRANDON FL 33511				
TREAS	HUGH F. COACHMAN JR.		TREAS	HUGH F. COACHMAN JR.	
LAKELAND, FLA 33713	5220 LAKELAND-HIGHLAND ROAD		LAKELAND, FLA 33713	5220 LAKELAND-HIGHLAND ROAD	
GARY STAMLER	SUPER SPRINGS, stockholder only				
JILL CRUM	ELK RIVER, MINN stockholder only				
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: Robert W. Crum			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
			Date 3-4-05 Daytime Phone # 813-689-7497		