

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # H32903 1. Entity Name THE BOB CRUM CO., INC.				Apr 10, 2006 08:00 AM Secretary of State	
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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		1st MOORE CR2E034 (10/05)	
City & State Zip Country		City & State Zip Country		4. FEI Number 59-2553296 Applied For Not Applicable	
5. Certificate of Status Desired ☐		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRUM, ROBERT W 1807 MAIN ST VALRICO FL				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP S ELAM, KAIA F 127 HICKORY CREEK BLVD BRANDON FL 33511 ☐ Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP P CRUM, ROBERT W 127 HICKORY CREEK BLVD BRANDON FL 33511 ☐ Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP T COACHMAN, HUGH F JR. 5220 LAKELAND HIGHLAND ROAD LAKELAND FL 33813 ☐ Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Add	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 1 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert W. Crum ROBERT W. CRUM 4-7-06 813-689-7449