

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2006 08:00 AM
Secretary of State

DOCUMENT # J45153			
1. Entity Name CRUMP'S LAWN EQUIPMENT CENTER, INC.			
Principal Place of Business 401 NW WRIGHT BLVD STUART FL 34994 US		Mailing Address 401 NW WRIGHT BLVD STUART FL 34994 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
GRAFF, DANIEL J 3778 SW SUNSET TRACE CIRCLE PALM CITY FL 34990			
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 reinstating)			
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 Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	GRAFF, DANIEL J	NAME	
STREET ADDRESS	3778 SW SUNSET TRACE CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL 34990	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	GRAFF, DOREEN	NAME	
STREET ADDRESS	3778 SW SUNSET TRACE CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL 34990	CITY-ST-ZIP	
TITLE	SEC	TITLE	
NAME	GRAFF, DOREEN	NAME	
STREET ADDRESS	3778 SW SUNSET TRACE CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL 34990	CITY-ST-ZIP	
TITLE	TRES	TITLE	
NAME	GRAFF, DOREEN	NAME	
STREET ADDRESS	3778 SW SUNSET TRACE CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL 34990	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	



1st MOORE CR2EQ34 (10/05)
4. FEI Number **31-1191119** [Applied For Not Applied]

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

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Doreen Graff (V.P.) 3/13/06 1-772-692-7711