

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008 8:00 am
Secretary of State

03-26-2008 90028 002 ***150.00

DOCUMENT # J52435

1. Entity Name
CROLAND & CO., INC.



Principal Place of Business

% SAMUEL A. CROLAND
5686 WILLOW CREEK LANE
DELRAY BEACH, FL 33484 US

Mailing Address

% SAMUEL A. CROLAND
5686 WILLOW CREEK LANE
DELRAY BEACH, FL 33484 US

50001895



2. Principal Place of Business - No P.O. Box #

2086 WILLOW CREEK LANE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03072008

Chg-P

CR2E034 (12/06)

City & State

DELRAY BEACH FLA 33484

City & State

DELRAY BEACH FLA 33484

4. FEI Number

13-5563505

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CROLAND, GARY
6291 D'ORSAY COURT
DELRAY BEACH, FL 33484

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

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, 2008 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 ☒ Delete
NAME CROLAND, SAMUEL A.
STREET ADDRESS 5686 WILLOW CREEK LANE
CITY-ST-ZIP DELRAY BEACH, FL

TITLE D ☐ Delete
NAME CROLAND, JEANNE S.
STREET ADDRESS 5686 WILLOW CREEK LANE
CITY-ST-ZIP DELRAY BEACH, FL

TITLE PD ☐ Delete
NAME CROLAND, GARY
STREET ADDRESS 6291 D'ORSAY COURT
CITY-ST-ZIP DELRAY BEACH, FL 33484

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/23/08

561-865-1948