

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90112 016 ***158.75

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DOCUMENT # J87372 1. Entity Name CROOM CONSTRUCTION COMPANY					
Principal Place of Business 4733 N HIGHWAY A1A VERO BEACH, FL 32963-5401			Mailing Address 4733 N HIGHWAY A1A VERO BEACH, FL 32963-5401		
2. Principal Place of Business 1201 19th PL, SUITE A400 Suite, Apt. #, etc. VERO BEACH, FL City & State		3. Mailing Address 1201 19th PL, SUITE A400 Suite, Apt. #, etc. VERO BEACH, FL City & State			
Zip 32960	Country US	Zip 32960	Country US	4. FEI Number 59-1827941	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CROOM, DAVID S. 4733 N HIGHWAY A1A VERO BEACH, FL			7. Name and Address of New Registered Agent Name CROOM, DAVID S. Street Address (P.O. Box Number is Not Acceptable) 1201 19th PL, SUITE A400 City VERO BEACH FL Zip Code 32960		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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 STREET ADDRESS CITY-ST-ZIP	D/P CROOM, DAVID S. 4733 N HIGHWAY A1A VERO BEACH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1201 19th PL, SUITE A400 32960	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REILLY, EDWARD 4733 NORTH A-1-A VERO BEACH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BENSON, AARON 4733 NORTH A-1-A VERO BEACH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1201 19th PL, SUITE A400 32960	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHARLES S. CROOM 1201 19th PL, SUITE A400 VERO BEACH, FL 32960		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date _____ Daytime Phone # 772-562-7474		

ADDITION