


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90410 015 \*\*\*150.00

<b>DOCUMENT # K06375</b> 1. Entity Name <b>CRUSHING COMPONENTS CORPORATION</b>					
Principal Place of Business <b>C/O DOUGLAS K. SANDS 300 COLORADO AVE. STUART, FL 34994-2103</b>			Mailing Address <b>116 S. SEWALLS PT. RD. STUART, FL 34996 US</b>		
2. Principal Place of Business <b>116 S. SEWALLS PT. RD.</b>		3. Mailing Address <b>- Same -</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>STUART, FL</b>		City & State		4. FEI Number <b>65-0044608</b>	
Zip <b>34996</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SANDS, DOUGLAS K. 300 COLORADO AVE. STUART, FL 34995</b>			7. Name and Address of New Registered Agent Name <b>ARMINDA DELANEY</b> Street Address (P.O. Box Number is Not Acceptable) <b>116 S. SEWALLS PT. RD.</b> City <b>STUART</b> <b>FL</b> Zip <b>34996</b>		
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 <i>Arminda P. Delaney</i> DATE <b>4/20/04</b> <small>*Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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 DELANEY, WARD 116 S. SEWALL'S PT. RD. STUART, FL	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELANEY, ARMINDA P. 116 S. SEWALL'S PT. RD. STUART, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete			
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: <i>Arminda P. Delaney</i> DATE <b>4/20/04</b> (772) 283-1181 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

**94079999**



04202004 Chg-P CR2E034 (10/03)

Applied For  
Not Applicable

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

7. Name and Address of New Registered Agent

Name **ARMINDA DELANEY**

Street Address (P.O. Box Number is Not Acceptable)  
**116 S. SEWALLS PT. RD.**

City **STUART** **FL** Zip **34996**

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\*Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
DELANEY, WARD  
116 S. SEWALL'S PT. RD.  
STUART, FL

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
DELANEY, ARMINDA P.  
116 S. SEWALL'S PT. RD.  
STUART, FL

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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SIGNATURE: *Arminda P. Delaney* DATE **4/20/04** (772) 283-1181  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR