

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # K09138

Entity Name

WARD CRUTCHFIELD SERVICE, INC.



1. Principal Place of Business

Mailing Address

WARD EARL CRUTCHFIELD
TRI-COUNTY RD
GRACEVILLE FL 32440

% EDWARD EARL CRUTCHFIELD
1110 TRI-COUNTY RD
GRACEVILLE FL 32440

2. Principal Place of Business

3. Mailing Address

4. Apt. #, etc.

Suite, Apt. #, etc.

5. City & State

City & State

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-2869739

Applied For
Not Applied

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRUTCHFIELD, EDWARD EARL
1102 TRI-COUNTY ROAD
GRACEVILLE FL 32440

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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, obligations of registered agent.

Signature

DATE

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when re-instating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

PD ☐ Delete
CRUTCHFIELD, EDWARD EARL
1110 TRI-CO. RD
GRACEVILLE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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01/30/06-80001-014 150.00

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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 stated 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 of this report, or on an attachment with an address, with all other like empowered.

SIGNATURE: Edward E. Crutchfield Edward E. Crutchfield 1-20-06 850-263-2774