

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K43609

**FILED**  
**Apr 05, 2011**  
**Secretary of State**

**Entity Name:** CROWE MANUFACTURING CO., INC.

**Current Principal Place of Business:**

1318 CHANNELSIDE DRIVE  
TAMPA, FL 33602 US

**New Principal Place of Business:**

5203 S LOIS AVENUE  
TAMPA, FL 33611 US

**Current Mailing Address:**

5302 S. GRADY AVE  
TAMPA, FL 33611 US

**New Mailing Address:**

**FEI Number:** 65-0092010

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CROWE, PAUL W PRES  
5302 S. GRADY AVE  
TAMPA, FL 33611 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CROWE, PAUL W PRES  
Address: 5302 S. GRADY AVE  
City-St-Zip: TAMPA, FL 33611 35

Title: SD  
Name: CROWE, FORREST H SECP  
Address: 5202 RIPPLE CREEK DRIVE  
City-St-Zip: TAMPA, FL 33625

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PAUL W CROWE

PD

04/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date