

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90308 027 \*\*\*150.00

**DOCUMENT # L67817**

1. Entity Name  
CRSS, INC.



Principal Place of Business  
13825 US 19N  
CLEARWATER, FL 34624 US

Mailing Address  
PO BOX 17546  
CLEARWATER, FL 33762 US

**50042674**



03102005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3005511

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

MILLER, LINDA  
13825 US HWY 19 N  
CLEARWATER, FL 33764

**DO NOT WRITE  
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	VD
NAME	MILLER, ROBERT
STREET ADDRESS	<del>41235 OAKHAVEN DR.</del> 10988 56 LANE
CITY-ST-ZIP	PINELLAS PARK, FL 33782
TITLE	PD
NAME	MILLER, LINDA
STREET ADDRESS	<del>41235 OAKHAVEN DR.</del> 10988 56 LANE
CITY-ST-ZIP	PINELLAS PARK, FL 33782
TITLE	D
NAME	MILLER, CHRISTOPHER
STREET ADDRESS	<del>2721 VIAL MURANO UNIT 310</del> 11235 OAKHAVEN DR
CITY-ST-ZIP	<del>CLEARWATER, FL 33764</del> PINELLAS PARK 33782
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 I am empowered.

**SIGNATURE:**

*Linda M. Miller*

LINDA M. MILLER

3/11/05

727-544-3377

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #