2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # L67817

1. Entity Name
CRSS, INC.

Principal Place of Business	Mailing Address
13825 US 19N CLEARWATER, FL 34624 US	PO BOX 17546 CLEARWATER, FL 33762 US

DO NOT WRITE IN THIS SPACE

03152006 No Chg-P CR2E034 (11/05)

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

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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 _____ DATE
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, 2006 Fee will be $550.00

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

U00000478751
04/08/06-80018-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	MILLER, ROBERT
STREET ADDRESS	10988 56 LANE
CITY-ST-ZIP	PINELLAS PARK, FL 33782
TITLE	PD
NAME	MILLER, LINDA
STREET ADDRESS	10988 56TH LANE
CITY-ST-ZIP	PINELLAS PARK, FL 33782
TITLE	D
NAME	MILLER, CHRISTOPHER
STREET ADDRESS	1235 OAKHAVEN DR
CITY-ST-ZIP	PINELLAS PARK, FL 33782
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Linda M. Miller LINDA M. MILLER 3/21/06 727-544-3377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #