## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #L82772

## **FILED** Mar 05, 2007 8:00 am Secretary of State 03-05-2007 90064 050 \*\*\*158.75

1. Enlity Name FRANKCRUM CORPORATE, INC.							
Principal Place 100 S. MISSO CLEARWATER	DURI AVENUE	Mailing Address 100 S. MISSOURI AVE CLEARWATER, FL 33		LEBRINGS BAT (SING HAW AND	rii 16810 waa Sibri Aren Ale	li Birli Birli Gir	Mart II (adi
2. Principal P	face of Business - No P.O. Box #	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01172007 Chg-	P CR2E0	34 (12/06)	
City & State		City & State		4. FEI Number 59-3022727		<del></del>	pplied For ot Applicable
Zip	Country	Zip	Country	5. Certificate of Status D	Desired 💢	\$8.75 Add Fee Required	ditional d
	6. Name and Address of Current	Registered Agent		7. Name and Address	of New Registered A	gent	
	SE B SSOURI AVENUE ITER, FL 33756		Name Street Add	ress (P.O. Box Number is Not Ar	cceptable)		
		. ,	City		FL	Zip Code	ө
	named entity submits this statement for ions of registered agent.	or the purpose of changing i	ts registered office or re	gistered agent, or both, in the Si	tate of Florida. I am t	amiliar with,	and accept
SIGNATURE_	Signature, typed or printed name of registered agent	and title if applicable. (NC	DTE: Registered Agent signature	equired when reinstating)	DATE	<del></del>	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Camp O0 Trust Fund Co	• • –	\$5.00 May Be Added to Fees			
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAS CRUM, FRANK JR 100 S MISSOURI AVENUE CLEARWATER, FL 33756	☐ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP		*	Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	T CRUM, FRANK J 100 S MISSOURI AVENUE CLEARWATER, FL 33756	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
FITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition
indicated	certify that the information supplied with on this report or supplemental report in poration or the receiver or flustee emor or on an attachment with an accessor.	is true and accurate and that	t my signaturè shall hav rt as required by Chap d.	e the same legal effect as if mar	de under oath; that I a t my name appears i	im an officer	or director