

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003889

FILED  
Apr 11, 2006  
Secretary of State

**Entity Name:** CRIBBERS, CRAWLERS & TODDLERS, INC.

**Current Principal Place of Business:**

8718 N. 46TH STREET  
TAMPA, FL 33617

**New Principal Place of Business:**

**Current Mailing Address:**

8718 N. 46TH STREET  
TAMPA, FL 33617

**New Mailing Address:**

**FEI Number:** 75-3061939

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MASON, EARL B SR.  
8718 N. 46TH STREET  
TAMPA, FL 33617 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: D ( ) Delete  
Name: MASON, EARL B SR.  
Address: PO BOX 1720  
City-St-Zip: SEFFNER, FL 335831720

Title: D ( ) Delete  
Name: FRYER, DELMA  
Address: 17218 EQUESTRIAN TRAIL  
City-St-Zip: ODESSA, FL 33556

Title: D ( ) Delete  
Name: HUTCHINSON, ANNE  
Address: 4840 WINDINGBROOK TRAIL  
City-St-Zip: WESTLEY CHAPEL, FL 33543

Title: D ( ) Delete  
Name: GAYLE, MARIA  
Address: 1626 CANOE DRIVE  
City-St-Zip: LUTZ, FL 33559

Title: D ( ) Delete  
Name: METCALF, IRIS C  
Address: 5458 PENTAIL CIRCLE  
City-St-Zip: TAMPA, FL 33625

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: HOLLINGER, TERENCE G SR  
Address: 8808 N. ORANGE AVE  
City-St-Zip: TAMPA, FL 33617

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: ADKINS, ANGILEN  
Address: 7109 N. 9TH STREET  
City-St-Zip: TAMPA, FL 33604

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EARL B. MASON, SR.

D

04/11/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date