

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 07, 2006
Secretary of State**

DOCUMENT# N35262

Entity Name: CROOM'S, INC.

Current Principal Place of Business:

133 AVENUE E
APALACHICOLA, FL 32320

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 6
APALACHICOLA, FL 323290006

New Mailing Address:

FEI Number: 59-2980481 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CROOM, JOHN Q
133 AVENUE E
APALACHICOLA, FL 32320 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CROOM, JOHN Q
Address: 133 AVENUE E
City-St-Zip: APALACHICOLA, FL 32320

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

Title: C () Delete
Name: DAVIS, ROBERT L
Address: 214 AVENUE K
City-St-Zip: APALACHICOLA, FL 32320

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

Title: T () Delete
Name: WILLIAMS, CLARENCE
Address: 208 11TH STREET
City-St-Zip: APALACHICOLA, FL 32320

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

Title: S () Delete
Name: BROCK, THOMASINA G
Address: 172 11TH STREET
City-St-Zip: APALACHICOLA, FL 32320

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: JOHN Q. CROOM

P

07/07/2006

Electronic Signature of Signing Officer or Director

_____ Date