

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 30, 2009  
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:**

133 AVENUE E  
APALACHICOLA, FL 32320 US

**Current Mailing Address:**

POST OFFICE BOX 6  
APALACHICOLA, FL 323290006

**New Mailing Address:**

POST OFFICE BOX 6  
APALACHICOLA, FL 323290006 US

FEI Number: 59-2980481

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

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

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

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

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

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

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

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

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

Title: S (X) Change ( ) Addition  
Name: BROCK, THOMASINA G  
Address: 2174 S. MLK, JR., BLVD.  
City-St-Zip: TALLAHASSEE, FL 32314 US

I hereby certify that the information supplied with this filing does not qualify 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

PRES

03/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date