2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# N99000006451

Entity Name: THE CROTON SOCIETY, INCORPORATED

Current Principal Place of Business:

4907 HEADLAND HILLS AVE
TAMPA, FL 336256610

New Principal Place of Business:

Current Mailing Address:

PO BOX 24892
TAMPA, FL 336234892

New Mailing Address:

FEI Number: 59-3639181 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOERSTGEN, CORNELIA
4907 HEADLAND HILLS AVE
TAMPA, FL 33625 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: PDD ( ) Delete
Name: DOZIER, SCOTT L
Address: 6901 SAMVILLE ROAD WEST
City-St-Zip: N. FT. MYERS, FL 339176648

Title: VPT ( ) Delete
Name: LEE, HAROLD
Address: 15818 KNOLLVIEW DRIVE
City-St-Zip: TAMPA, FL 336241849

Title: ST ( ) Delete
Name: HOERSTGEN, CORNELIA
Address: 4907 HEADLAND HILLS AVE
City-St-Zip: TAMPA, FL 336256610

Title: TT ( ) Delete
Name: HOERSTGEN, CORNELIA
Address: 4907 HEADLAND HILLS AVE
City-St-Zip: TAMPA, FL 336256610

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 Section 119.07(3)(i), 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: CORNELIA HOERSTGEN TT 04/27/2005

Electronic Signature of Signing Officer or Director — Date