

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000008068

1. Entity Name  
 CROSSMAN'S STUCCO & STONE, INC.



Principal Place of Business  
 11231 S.E. 112TH TR.  
 INGLIS, FL 34449

Mailing Address  
 11231 S.E. 112TH TR.  
 INGLIS, FL 34449



01082006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 65-0971982

Applied For
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CROSSMAN, ROGER  
 11231 S.E. 112TH TR.  
 INGLIS, FL 34449

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

U00000420104  
 02/15/06-80034-013 158.75

10. OFFICERS AND DIRECTORS

FILE P  
 NAME CROSSMAN, ROGER  
 STREET ADDRESS 11231 S.E. 112TH TR.  
 CITY-ST-ZIP INGLIS, FL 34449

FILE S  
 NAME CROSSMAN, MARY ANN  
 STREET ADDRESS 11231 S.E. 112TH TR.  
 CITY-ST-ZIP INGLIS, FL 34449

FILE V  
 NAME CROSSMAN, KRISTEL  
 STREET ADDRESS 11231 S.E. 112TH TR.  
 CITY-ST-ZIP INGLIS, FL 34449

FILE T  
 NAME CROSSMAN, KELLY  
 STREET ADDRESS 11231 S.E. 112TH TR.  
 CITY-ST-ZIP INGLIS, FL 34449

FILE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

FILE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Roger Crossman  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-06 352 447-2039

Date

Daytime Phone #