


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P0000008068
 1. Entity Name
CROSSMAN'S STUCCO & STONE, INC.



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

DO NOT WRITE IN THIS SPACE



03282007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0971982	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CROSSMAN, ROGER --
 11231 S.E. 112TH TR.
 INGLIS, FL 34449

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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 reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CROSSMAN, ROGER 11231 S.E. 112TH TR. INGLIS, FL 34449
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CROSSMAN, MARY ANN 11231 S.E. 112TH TR. INGLIS, FL 34449
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CROSSMAN, KRISTEL 11231 S.E. 112TH TR. INGLIS, FL 34449
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CROSSMAN, KELLY 11231 S.E. 112TH TR. INGLIS, FL 34449
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/26/07-80046-021 158.75

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: Mary Ann Crossman 4-1-07 352 447-2039
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Mary Ann Crossman