


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 08, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P00000008068</b>	
1. Entity Name <b>CROSSMAN'S STUCCO &amp; STONE, INC.</b>	

Principal Place of Business <b>11231 S.E. 112TH TR. INGLIS, FL 34449</b>	Mailing Address <b>11231 S.E. 112TH TR. INGLIS, FL 34449</b>
---	---

**DO NOT WRITE IN THIS SPACE**



04052008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0971982</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 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	

U00000986821  
04/18/08-80074-007 158.75

**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: *[Signature]* **4-1-08 352 447-2039**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #