



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 01, 2006 08:00 A
Secretary of State

DOCUMENT # P00000050640 1. Entity Name CROYDON, INC.			
Principal Place of Business 2717 COVENTRY AVE LAKELAND, FL 33803		Mailing Address 2717 COVENTRY AVE LAKELAND, FL 33803	
DO NOT WRITE IN THIS SPACE		 04252006 No Chg-P CR2E034 (11/05)	
4. FEI Number 59-3650767		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROOMFIELD, DARA J 2717 COVENTRY AVE. LAKELAND, FL 33803		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 <i>Dara J Broomfield</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 4-27-06 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		U000000554526 05/15/06-80095-023 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV BROOMFIELD, ANDREW 2717 COVENTRY AVE LAKELAND, FL 33803		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BROOMFIELD, DARA J 2717 COVENTRY AVE LAKELAND, FL 33803		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE		
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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: <i>Dara Broomfield</i> <i>Dara Broomfield</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4-27-06 Daytime Phone # 803-683-0795	