2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2005 08:00 AM Secretary of State

Daytime Phone #

DOCUMENT # P01000044134 1. Entity Name CRUMPS ACQUISITION, INC.						letaly of k	State
	G HILL DRIVE 1	ailing Address 1036 SPRING HILL DR. PRING HILL, FL 34608	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- - - 	2010) (CON 2011) 2011 2011		
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DO NOT WRITE IN THIS SPAC				04272005	No Chg-P	CR2E034 (10/03)	pplied Far
				65-1100409 Not Applica			
6. Name and Address of Current Registered Agent				5. Certificate	of Status Desired	XXX 56.75 Ad Fee Require	
6172 COM	.A, SCHTIPPY IMERCIAL WAY IILL, FL. 34606		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, hiped or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when referations) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				55.00 May Be dided to Fees	.00 May Be U00000345685 ed to Fees 04/30/05~80087~003 158.75		
TITLE	OFFICERS AND DIREC	CTORS					
NAME STREET ADDRESS CITY-ST-ZIP	HARRIS, JERRY 5330 SPRING HILL DR. SPRING HILL, FL 34608						
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			_				₩ -
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statules. 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 fedewer 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 attackment with an address, with all other like empowered.							

TORE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR