


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P03000124612</b> 1. Entity Name <b>CROSSMAN ELECTRICAL SERVICES, INC.</b>	
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Principal Place of Business <b>3063 TARRYWOOD TERR. PUNTA GORDA, FL 33983</b>	Mailing Address <b>3063 TARRYWOOD TERR. PUNTA GORDA, FL 33983</b>
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**DO NOT WRITE IN THIS SPACE**



04132008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-0376306</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>CROSSMAN, JOEL E 3063 TARRYWOOD TERR. PUNTA GORDA, FL 33983</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U00000900408</b> <b>04/29/08 00026 025 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P CROSSMAN, JOEL E 3063 TARRYWOOD TERRACE PUNTA GORDA, FL 33983</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST CROSSMAN, BELINDA G 3063 TARRYWOOD TERRACE PUNTA GORDA, FL 33983</b>
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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 an officer like empowered.

SIGNATURE: Joel E. Crossman, Pres. 4/13/08 941-627-0314  
SIGNATURE AND TYPED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
Joel E. Crossman