

# **2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P03000139223

Entity Name: CROFOOT INC.

**FILED**  
**May 17, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

824 LEBRUN DRIVE  
JACKSONVILLE, FL 32205

**New Principal Place of Business:**

5700 GRACE LANE  
JACKSONVILLE, FL 32205

**Current Mailing Address:**

824 LEBRUN DRIVE  
JACKSONVILLE, FL 32205

**New Mailing Address:**

5700 GRACE LANE  
JACKSONVILLE, FL 32205

FEI Number: 20-0427566

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CROFOOT, ROBERT G  
824 LEBRUN DRIVE  
JACKSONVILLE, FL 32205 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: BYRD, GLENN E PRES  
Address: 5700 GRACE LANE  
City-St-Zip: JACKSONVILLE, FL 32205

Title: D  
Name: CROFOOT, ROBERT G V.PRES  
Address: 824 LEBRUN DRIVE  
City-St-Zip: JACKSONVILLE, FL 32205

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT G CROFOOT

V.P.

05/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date