

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000145551 1. Entity Name L DREXEL CRUMP CONTRACTING, INC.					
Principal Place of Business 1473 COCONUT DR. FORT MYERS, FL 33901			Mailing Address 1473 COCONUT DR. FORT MYERS, FL 33901		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 20-0507441	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent CRUMP, L. DREXEL 1473 COCONUT DR. FORT MYERS, FL 33901					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code					
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 file if applicable. (NOTE: Registered Agent signature required when reappointing)					
FILED FEE \$10.00 After May 1, 2007 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRUMP, L. DREXEL 1473 COCONUT DR. FORT MYERS, FL 33901		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U000000591337 01/19/07-80018-025 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 1-9-07 Daytime Phone # _____		