

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000017612 1. Entity Name CROHN CONTRACTING, INC.	
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Principal Place of Business
**9531 SILVERBOND DR
DADE CITY, FL 33525**Mailing Address
**9531 SILVERBOND DR
DADE CITY, FL 33525**

04272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 68-0576125	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent**CROHN, MICHAEL C
9531 SILVERBOND DR
DADE CITY, FL 33525****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, typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent Signature required when voluntary)

DATE

**FILE NOW!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**10.****OFFICERS AND DIRECTORS**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**DP
CROHN, MICHAEL C
9531 SILVERBOND DR
DADE CITY, FL 33525**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
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NAME
STREET ADDRESS
CITY-ST-ZIP000000541484
05/10/06-80060-016 150.00**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this form does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-06 352-521-0380