
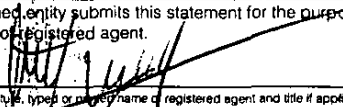
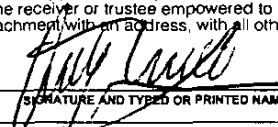


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90065 039 ***150.00

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|--|---|---|--|--|--|
| DOCUMENT # P04000076230 1. Entity Name CROMWELL & SON ENTERPRISES, INC. | | | |  | |
| Principal Place of Business PO BOX 432170 BIG PINE KEY, FL 33043 | | | Mailing Address PO BOX 432170 BIG PINE KEY, FL 33043 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 20-1139741 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent CROMWELL, ANTHONY 31472 AVENUE F BIG PINE KEY, FL 33043 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 31472 Avenue F City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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: 4/24/07 | | | | | |
| FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | PT CROMWELL, ANTHONY 31472 AVENUE F BIG PINE KEY, FL 33043 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS Leslie Cromwell 207 E 27th St. Apt PHE New York, NY 10016 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS CROMWELL, LESLIE 347 W 16 ST NEW YORK, NY 10011 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS CROMWELL, LESLIE 347 W 16 ST NEW YORK, NY 10011 | |
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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 all other like empowered. | | | | | |
| SIGNATURE:  | | | Date: 4/24/07 | | |