## ANNUAL REPORT FILED **DOCUMENT # P04000127345** Apr 11, 2007 08:00 A Secretary of State 1. Entity Name K & A CRUTCHFIELD, INC. Principal Place of Business Mailing Address 201 W JOHNSON AVE 6109 CHUMUCKLA HIGHWAY PENSACOLA, FL 32534 PACE, FL 32571 No Chg-P CR2E034 (11/05) 04042007 Applied For 4. FEI Number 20-1580723 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE CRUTCHFIELD, ANGELA 6109 CHUMUCKLA HIGHWAY PACE, FL 32571 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Adned to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE CRUTCHFIELD, KEITH NAME STREET AUDRESS 6109 CHUMUCKLA HIGHWAY CITY-ST-ZIP PACE, FL 32571 TILLE 000000699447 04719707-80043-004,150:00 CRUTCHFIELD, ANGELA 04719707 STREET ADDRESS 6109 CHUMUCKLA HIGHWAY CHY-ST-ZIP PACE, FL 32571 TITLE NAME STREET ADDRESS DO NOT WRITE City-St-ZiP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TIME NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, 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:

NAME STREET ADDRESS CITY+ST-ZIP

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-07 (850)435-2

Daytme Phone #