

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000144715

1. Entity Name  
CROMWELL'S CUSTOM CAGES, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAR 20 PM 3:05

Principal Place of Business  
4114 MICHEL TREE STREET  
PORT CHARLOTTE, FL 33948

Mailing Address  
180 DUCKSBURY LANE  
PORT CHARLOTTE, FL 33952

02/23/05 90082 033 \$150.00



2. Principal Place of Business  
180 Duxbury Ave  
Suite, Apt. #, etc.

3. Mailing Address  
180 Duxbury Ave.  
Suite, Apt. #, etc.

03212006 Chg-P CR2E034 (11/05)

City & State  
Port Charlotte, FL  
Zip 33952 Country U.S.A.

City & State  
Port Charlotte, FL  
Zip 33952 Country USA.

4. FEI Number  
02-0732598  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CROMWELL, GARY S  
180 DUCKSBURY LANE  
PORT CHARLOTTE, FL 33952

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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 D ☐ Delete  
NAME CROMWELL, GARY S  
STREET ADDRESS 180 DUCKSBURY LANE  
CITY-ST-ZIP PORT CHARLOTTE, FL 33952

TITLE D ☒ Delete  
NAME KENNEDY, JOHN G IV  
STREET ADDRESS 6117 E. 111TH AVENUE  
CITY-ST-ZIP TEMPLE TERRACE, FL 33617

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

Daytime Phone #

3/21/06 (941) 815-6808