


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90268 015 ***158.75

DOCUMENT # P05000157310 1. Entity Name CRUNK ENTERPRISE, INC.	
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Principal Place of Business 905 WEST JANE STREET AVON PARK, FL 33825	Mailing Address 905 WEST JANE STREET AVON PARK, FL 33825
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50005628

2. Principal Place of Business 2201 W. Border rd Suite, Apt. #, etc.	3. Mailing Address 2201 W Border rd Suite, Apt. #, etc.
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02032006 Chg-P CR2E034 (11/05)

City & State Avon Park FL	City & State Avon Park, FL	4. FEI Number 16-1741367	Applied For <input type="checkbox"/> Not Applicable
Zip 33825	Country Highlands	Zip 33825	Country Highlands

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CRUNKELTON, R. MICHAEL 905 WEST JANE STREET AVON PARK, FL 33825	7. Name and Address of New Registered Agent Name R. Michael Crunkelton Street Address (P.O. Box Number is Not Acceptable) 2201 W. Border rd. City Avon Park FL Zip Code 33825
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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 R. Michael Crunkelton DATE 3/22/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRUNKELTON, R. MICHAEL 905 WEST JANE STREET AVON PARK, FL 33825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: R. Michael Crunkelton DATE 3/22/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Daytime Phone #
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