

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90173 047 ***150.00

DOCUMENT # P06000045297			
1. Entity Name CRUSAM INC.			
Principal Place of Business 3906 CORTEZ LVD. SEBRING, FL 33872		Mailing Address 3906 CORTEZ LVD. SEBRING, FL 33872	
2. Principal Place of Business - No P.O. Box # 3906 CORTEZ BLVD Suite, Apt. #, etc.		3. Mailing Address 3906 CORTEZ BLVD. Suite, Apt. #, etc.	
City & State SEBRING, FLORIDA Zip 33872 Country U.S.A.		City & State SEBRING, FLORIDA Zip 33872 Country U.S.A.	
4. FEI Number 68-0626683		☐ Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VELMONTE, BENJAMIN V 2183 US HWY. 27 N. SEBRING, FL 33870		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 appropriate. (NOTE: Registered Agent signature required when resigning)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	PD CRUZ, JOEL D 3906 CORTEZ LVD. SEBRING, FL 33872	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CRUZ, JOANNA S 3906 CORTEZ LVD. SEBRING, FL 33872	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	☐ Change ☐ Addition
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		04/16/07 Date	
		Daytime Phone #	