

2005 FOR PROFIT CORPORATION ANNUAL REPORT

03-14-2005 90114 010 ****55.00
P93000055877

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 APR 28 AM 7:55

DOCUMENT # P93000055877

1. Entity Name
CRUM STAFFING II, INC.



Principal Place of Business
100 S. MISSOURI AVENUE
CLEARWATER, FL 33756

Mailing Address
100 S. MISSOURI AVENUE
CLEARWATER, FL 33756

03/14/05 90595 002

50026241



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03102005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-3206373

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LYNN, ELISE B
100 S. MISSOURI AVENUE
CLEARWATER, FL 33756

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, 2005 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
DP
CRUM, FRANK W JR
3040 GULF TO BAY BLVD., STE 200
CLEARWATER, FL 33759 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
100 S MISSOURI AVE
CLEARWATER FL 33756

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
CRUM, FRANK W SR
3040 GULF TO BAY BLVD., STE 200
CLEARWATER, FL 33759 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
100 S MISSOURI AVE
CLEARWATER FL 33756

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]

FRANK W CRUM JR 3/10/05 727-726-2786

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #