

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000057059

1. Entity Name
CROMWELL CORPORATION



Principal Place of Business
**8125 H1 MONTARY DR
RIVIERA BEACH, FL 33404 US**

Mailing Address
**8125 H1 MONTARY DRIVE
RIVIERA BEACH, FL 33404 US**



01132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0436007

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LOPATA, VIVIAN
8125 H-1 MONTARY DRIVE
RIVIERA BEACH, FL 33404**

**DO NOT WRITE
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)

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**

000000284608

04/02/05-80011-025 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LOPATA, VIVIAN
STREET ADDRESS 8125- H1 MONTARY DRIVE
CITY - ST - ZIP RIVIERA BEACH, FL

TITLE CDCE
NAME LOPATA, IRA
STREET ADDRESS 8125 H-1 MONETARY DRIVE
CITY - ST - ZIP RIVIERA BEACH, FL

TITLE V
NAME MURRAY, ROBERT
STREET ADDRESS 8125 H-1 MONETARY DRIVE
CITY - ST - ZIP RIVIERA BEACH, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

V. LOPATA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-05
Date

813-858-8515
Daytime Phone #