


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 14, 2006 8:00 am
Secretary of State

08-14-2006 90038 001 ***550.00

DOCUMENT # P93000067068

1. Entity Name
CROSSMAN & COMPANY MANAGEMENT, INC.



Principal Place of Business
**2464 EAST MICHIGAN AVENUE
 ORLANDO, FL 32806 US**

Mailing Address
**2464 EAST MICHIGAN AVENUE
 ORLANDO, FL 32806 US**

40101300

2. Principal Place of Business
3333 S. ORANGE AVE

3. Mailing Address
3333 S. ORANGE AVE

Suite, Apt. #, etc.
SUITE 217



08072006 Chg-P CR2E034 (11/05)

City & State
ORLANDO, FL

City & State
ORLANDO, FL

4. FEI Number
59-3200769

Applied For
 Not Applicable

Zip
FL 32806

Country
U.S.A.

Zip
32806

Country
U.S.A.

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

6. Name and Address of Current Registered Agent

**CROSSMAN, SCOTT
 2464 EAST MICHIGAN STREET
 ORLANDO, FL 32806**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00
 Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CROSSMAN, SCOTT E	
STREET ADDRESS	2464 E. MICHIGAN AVE.	
CITY-ST-ZIP	ORLANDO, FL 32806	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROSSMAN, SCOTT E	
STREET ADDRESS	3333 S. ORANGE AVE, SUITE 217	
CITY-ST-ZIP	ORLANDO, FL 32806	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE:  **SCOTT CROSSMAN**
 Date **8/7/06** Daytime Phone # **407-423-8700**