

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P95000067801

1. Entity Name

CRUMBLY BROS. FRUIT CO.



FILED

Apr 28, 2006 08:00 AM  
Secretary of State

Principal Place of Business

629 FORT MEADE RD.  
FROSTPROOF FL 33843

Mailing Address

629 FORT MEADE RD.  
FROSTPROOF FL 33843

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

CRUMBLY, DEBORAH  
2151 CR 630 W  
FROSTPROOF FL 33843

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE: D  
NAME: CRUMBLY, JEREL  
STREET ADDRESS: 629 FORT MEADE RD.  
CITY-ST-ZIP: FROSTPROOF FL 33843

Delete

TITLE: D  
NAME: CRUMBLY, RICHARD L SR.  
STREET ADDRESS: 629 FORT MEADE RD.  
CITY-ST-ZIP: FROSTPROOF FL 33843

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Jerel Crumbly*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerel Crumbly 4/10/06 863 625 4004

Date

Daytime Phone #