

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-10-2008 90030 034 ***150.00

DOCUMENT # P95000067801 1. Entity Name CRUMBLY BROS. FRUIT CO.																										
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 - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																							
City & State			City & State																							
Zip		Country		Zip																						
Country		Country		4. FEI Number 59-3326386 Applied For ☐ Not Applicable																						
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/07)																						
6. Name and Address of Current Registered Agent CRUMBLY, DEBORAH 2151 CR 630 W FROSTPROOF FL 33843				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 _____																										
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees																							
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D</td> <td style="width: 20%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>CRUMBLY, JEREL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>629 FORT MEADE RD.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FROSTPROOF FL 33843</td> <td></td> </tr> </table>			TITLE	D	☐ Delete	NAME	CRUMBLY, JEREL		STREET ADDRESS	629 FORT MEADE RD.		CITY-ST-ZIP	FROSTPROOF FL 33843		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS			CITY-ST-ZIP		
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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: <u>Jerel Crumbly</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																										