


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 08:00 AM
Secretary of State

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| DOCUMENT # P96000099168 1. Entity Name CRUMM, INC. |  |
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| Principal Place of Business 2151 SCOTT AVE WEST PALM BEACH, FL 33409 | Mailing Address 2151 SCOTT AVE WEST PALM BEACH, FL 33409 |
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| 4. FEI Number 65-0714081 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**KOLEHMAINEN, JOHN
2101 SCOTT AVE
WEST PALM BEACH, FL 33409**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000059948 02/23/04-80020-006 150.00 |
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10. OFFICERS AND DIRECTORS

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|------------------------------------------------|---------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KOLEHMAINEN, JOHN 2151 SCOTT AVE WEST PALM BEACH, FL 33409 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 otherlike empowered.

SIGNATURE: *John Kolehmainen* **561-683-0316**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #