2006 FOR PROFIT CORPORATION

Apr 03, 2006 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P97000021003 CRUMP CONSTRUCTION, INC. Principal Place of Business Mailing Address 1115 CONANT AVE P 0 BOX 16474 SAFETY HARBOR, FL. 34695 CLEARWATER, FL 33766 03202008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FE) Number 59-3435365 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CRUMP, BERT W DO NOT WRITE 1115 CONANT AVENUE SAFETY HARBOR, FL 34695 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 arrest and title if englicable (NOTE: Registered Agent alignature required when reinstating) OATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.66 Added to Fees 10. OFFICERS AND DIRECTORS PVTS TITLE CRUMP, BERT W U00000491302 04/19/06-80015-024 158.7 NAME STREET ADDRESS 1115 CONANT AVE CITY-ST-ZIP SAFETY HARBOR, FL 34695 TITLE NAME STREET ADDRESS. CITY-ST-ZIP TITLE KAME STREET ADDRESS DO NOT WRITE CITY-ST-Z# TITLE IN THIS SPACE NAME STREET ADDRESS CSTY-ST-ZIP TIME STREET ADDRESS CITY-ST-ZIP HAME

12. I hereby certify that the information supplied with this filling 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 applicase, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BERT W. CRUMP

FILED