

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90154 007 ***158.75

DOCUMENT # P97000021003

1. Entity Name
CRUMP CONSTRUCTION, INC.



Principal Place of Business
**1115 CONANT AVE
SAFETY HARBOR, FL 34695**

Mailing Address
**P O BOX 16474
CLEARWATER, FL 33766**

2. Principal Place of Business - No P.O. Box #

235 WASHINGTON DR

3. Mailing Address

Suite, Apt. #, etc.

City & State

SAFETY HARBOR FL

Zip
34695

Country

Zip

Country

01302007

Chg-P

CR2E034 (12/06)

4. FEI Number
59-3435365

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CRUMP, BERT W
1115 CONANT AVENUE
SAFETY HARBOR, FL 34695**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

235 WASHINGTON DR

City

SAFETY HARBOR

FL

Zip Code

34695

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 **Bert W. Crump**

BERT W. CRUMP

4-13-07

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVTS
CRUMP, BERT W
1115 CONANT AVE
SAFETY HARBOR, FL 34695**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**235 WASHINGTON DR
SAFETY HARBOR, FL 34695**

☒ Change ☐ Addition

TITLE
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STREET ADDRESS
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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 all other like empowered.

SIGNATURE: **Bert W. Crump**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-07

Date

727-726-7187

Daytime Phone #