

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90240 003 ***150.00

DOCUMENT # P98000016591
1. Entity Name
CROUCH, INC.

Principal Place of Business Mailing Address
7581 STARKEY RD 7581 STARKEY RD
LARGO, FL 33777 LARGO, FL 33777

Principal Place of Business 3. Mailing Address
9170 Oakhurst Rd 14163 81st Ave N
Suite 2B Suite, Apt. #, etc.

City & State City & State
Seminole FL Seminole FL

Country Country
Pinellas Pinellas

110161



CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3486378 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CROUCH, DONALD G
14163 81ST AVE N
SEMINOLE, FL 33776

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 *Donald G Crouch* Donald G Crouch 4/21/03
Signature, in blue ink, of registered agent and file if applicable (NOTE: Registered Agent Signature required when changing) DATE

FILE NOW! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROUCH, DONALD G 14163 81ST AVE N SEMINOLE, FL 33776 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 in an address, with all other like employees.

SIGNATURE: *Donald G Crouch* Donald G Crouch 4/21/03 727-399-4940
Signature and typed or printed name of signing officer or director Date Current Phone #

CR28034 (10/02)