


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90040 048 ***150.00

DOCUMENT # V30123 1. Entity Name CRUSADER COVERINGS, INC.					
Principal Place of Business 1750 EMERSON ST JACKSONVILLE, FL 32207			Mailing Address P O BOX 24668 JACKSONVILLE, FL 32241		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1750 Emerson St Suite, Apt. #, etc.			
City & State		City & State Jacksonville FL 32207		4. FEI Number 59-3121069	
Zip 32207		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HERNANDEZ, MEREDITH A 3617 CROWN POINT RD SUITE #2 JACKSONVILLE, FL 32257				7. Name and Address of New Registered Agent Name Stephen Silkowski, Atty. at Law Street Address (P.O. Box Number is Not Acceptable) 550 W Water St Suite 1313 City Jacksonville FL 32202 Zip Code 32202-5114	
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 Stephen Silkowski, Atty. at Law DATE 4/4/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DP GROOMS, WILBUR 1750 EMERSON ST JACKSONVILLE, FL 32207		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRAY-GROOMS, PATRICIA 12747 BURNING TREE LN. 6 JACKSONVILLE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP UNKEFER, JOHN 13984 ATHENS DR JACKSONVILLE, FL 32223		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Robert Rasetta 14675 Mandarin Rd Jacksonville, FL 32223	
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)(i), 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: Wilbur Grooms 3/28/05 904 396-1294 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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