

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V30123

FILED  
Mar 17, 2009  
Secretary of State

Entity Name: CRUSADER COVERINGS, INC.

## Current Principal Place of Business:

1750 EMERSON ST  
JACKSONVILLE, FL 32207

## New Principal Place of Business:

## Current Mailing Address:

1750 EMERSON ST  
JACKSONVILLE, FL 32207

## New Mailing Address:

FEI Number: 59-3121069

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHURAN, LAUREN KAY A  
1750 EMERSON STREET  
JACKSONVILLE, FL 32207 US

## Name and Address of New Registered Agent:

ANDERSON, VICKY  
1750 EMERSON STREET  
JACKSONVILLE, FL 32207 US

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.

SIGNATURE: VICKY ANDERSON

03/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: GROOMS, WILBUR  
Address: 1750 EMERSON ST  
City-St-Zip: JACKSONVILLE, FL 32207

Title: S ( ) Delete  
Name: GRAY-GROOMS, PATRICIA  
Address: 12747 BURNING TREE LN. E.  
City-St-Zip: JACKSONVILLE, FL 32223

Title: VP ( ) Delete  
Name: UNKEFER, RAINEY J  
Address: 9957 MORRIS DRIVE SUITE 504  
City-St-Zip: JACKSONVILLE, FL 32257

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Change (X) Addition  
Name: ANDERSON, VICKY  
Address: 4141 LONICERA LOOP  
City-St-Zip: JACKSONVILLE, FL 32259 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICKY ANDERSON

MGR

03/17/2009

Electronic Signature of Signing Officer or Director

Date