

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V30123

FILED  
Jan 20, 2011  
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:**

PITTMAN, JILL M  
1750 EMERSON STREET  
JACKSONVILLE, FL 32207 US

**Name and Address of New Registered Agent:**

GROOMS, WILBUR E  
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: WILBUR E. GROOMS

01/20/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: WILBUR GROOMS

DP

01/20/2011

Electronic Signature of Signing Officer or Director

Date