

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90389 011 \*\*\*158.75

60023466



03072006 Chg-P CR2E034 (11/05)

4. FEI Number **20-3918199** Applied For Not Applicable

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

**DOCUMENT # P05000158216**  
 1. Entity Name  
**C. & R. GENERAL CONTRACTORS, INC.**



Principal Place of Business Mailing Address  
 7014 A.C. SKINNER PARKWAY SUITE 290 JACKSONVILLE, FL 32256  
 7014 A.C. SKINNER PARKWAY SUITE 290 JACKSONVILLE, FL 32256

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

6. Name and Address of Current Registered Agent  
**LIESER, ALLEN R**  
 7014 A.C. SKINNER PARKWAY SUITE 290  
 JACKSONVILLE, FL 32256

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Edge, Aubrey L. 7014 A.C. Skinner Pkwy., #290 Jacksonville, FL 32256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP Ray, J.G., Jr. 7014 A.C. Skinner Pkwy., #290 Jacksonville, FL 32256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP Fornell, Richard H. 7014 A.C. Skinner Pkwy., #290 Jacksonville, FL 32256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Miller, Donna A. 7014 A.C. Skinner Pkwy., #290 Jacksonville, FL 32256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Stern, David 7014 A.C. Skinner Pkwy., #290 Jacksonville, FL 32256	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: Aubrey L. Edge Pres. 3/31/06 904/596-3200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment # <sup>10003466</sup> POS 000158216

**C & R GENERAL CONTRACTORS, INC.**

**7014 A.C. Skinner Parkway, Suite 290**

**Jacksonville, FL 32256**

**Telephone: (904) 596-3200**

**Facsimile: (904) 596-8550**

March 31, 2006

Division of Corporations  
Annual Report Section  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: 2006 Corporate Annual Report for C & R General Contractors, Inc.;  
Request for Certificate of Status

Ladies/Gentlemen:

Please find enclosed a completed and signed 2006 Corporate Annual Report for C & R General Contractors, Inc., together with a check for \$158.75 to cover the filing fee (\$150.00) and a Certificate of Status (\$8.75).

Please do not hesitate to call me (collect) at 904/596-3219 if you have any questions or if you require any additional documents or information.

Thank you for your assistance.

Respectfully submitted,



Allen R. Lieser  
General Counsel