

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # S43048

1. Entity Name
COMPUTER RESEARCH & CONSULTING, INC.



Principal Place of Business
3697 CROWN POINT COURT
SUITE 1
JACKSONVILLE, FL 32257 US

Mailing Address
3697 CROWN POINT COURT
SUITE 1
JACKSONVILLE, FL 32257 US



03272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3056779** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CAMACHO, CIRO R.
2276 HAMMOCK OAKS DR N
JACKSONVILLE, FL 32223

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 **PTD**
 NAME **CAMACHO, CIRO R.**
 STREET ADDRESS **2276 HAMMOCK OAKS DR N**
 CITY-ST-ZIP **JACKSONVILLE, FL 32223**

TITLE **VSD**
 NAME **CAMACHO, RITA C**
 STREET ADDRESS **2276 HAMMOCK OAKS DRIVE N**
 CITY-ST-ZIP **JACKSONVILLE, FL 32223**

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 04/13/06-80009-016 150.00

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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: *Cirio Camacho*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/06 904-262-4505
 Date Daytime Phone #