
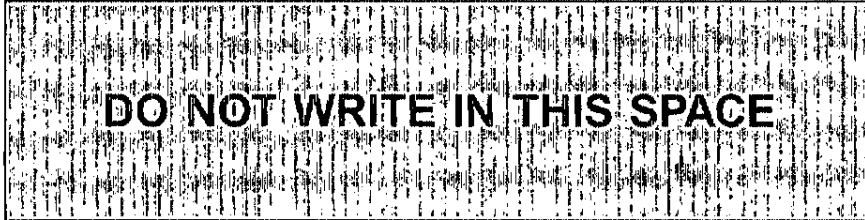


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # S92683</b>	
1. Entity Name CRG ARCHITECTS PLANNERS INC. ST. AUGUSTINE	

Principal Place of Business 25 SOUTH STREET ST. AUGUSTINE, FL 32084 US	Mailing Address 25 SOUTH STREET ST. AUGUSTINE, FL 32084 US
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01152008 No Cng-P CR2E034 (11/05)

4. FEI Number 59-3093959	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HORVATH, ROXANNE  
% CRG ARCHITECTS PLANNERS INC ST AUGUSTINE  
25 SOUTH STREET  
ST. AUGUSTINE, FL 32084



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.

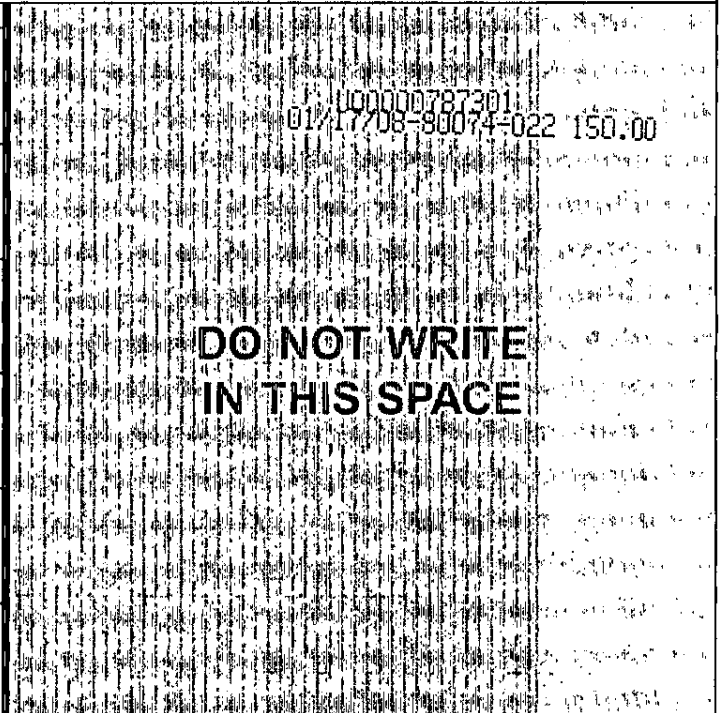
SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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	PRES HORVATH, ROXANNE 25 SOUTH STREET ST. AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	



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:  1/15/08 904 825-1266  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #