

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000052266

**Entity Name:** C.C.G.R., INC.

**Current Principal Place of Business:**

247 N. WESTMONTE DR  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

247 N. WESTMONTE DR  
ALTAMONTE SPRINGS, FL 32714 US

**FEI Number:** 48-1303146

**Certificate of Status Desired:** No

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

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name PICERNE, ROBERT M.  
Address 247 N. WESTMONTE DR  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title TREASURER/CFO  
Name PICERNE, ROBERT M.  
Address 247 N. WESTMONTE DR  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title SECRETARY  
Name PICERNE, ROBERT M.  
Address 247 N. WESTMONTE DR  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title PRESIDENT/CEO  
Name PICERNE, ROBERT M.  
Address 247 N. WESTMONTE DR  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

*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: ROBERT M. PICERNE**

**PRESIDENT/CEO**

**05/22/2020**

Electronic Signature of Signing Officer/Director Detail

Date