


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 315365	
1. Entity Name C.R.C., INC.	

Principal Place of Business 7655 W. GULF TO LAKE HWY., STE 11 CRYSTAL RIVER, FL 34429 US	Mailing Address PO BOX 1018 CRYSTAL RIVER, FL 34423 US
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DO NOT WRITE IN THIS SPACE



01272006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1197644	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

CRIST, DONALD
7655 W GULF TO LK HWY
CRYSTAL RIVER, FL
CRYSTAL RIVER, FL 34429

**DO NOT WRITE
IN THIS SPACE**

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 reinstalling)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO CRIST, DONALD 7655 W GULF TO LK HWY CRYSTAL RIVER, FL 00000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD CRANE, BEVERLY A 9655 W. GULF TO LAKE HWY. CRYSTAL RIVER, FL 34429
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1000000437538
02/28/06-80045-020 150.00

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IN THIS SPACE**

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:  **352/145-4488**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone #