

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # 367901	
1. Entity Name CRG PRODUCTS, INC.	

Principal Place of Business 348 WREN HILL RD RT 1 BOX 1824 SAUTEE GA 30571 US	Mailing Address EAGLE PASS ROAD 348 WREN HILL RD SAUTEE GA 30571 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent JAKUBEK, DONALD 354 N.E. 5TH STREET 1301 NW 2ND AVE DELRAY BEACH FL 33444	
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4. FEI Number 59-1299750	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VD	TITLE	
NAME	GOOD, STEVEN R	NAME	
STREET ADDRESS	13454 HWY 93	STREET ADDRESS	
CITY-ST-ZIP	BACONTON GA 31716	CITY-ST-ZIP	
TITLE	PDS	TITLE	
NAME	GOOD, MARY J	NAME	
STREET ADDRESS	348 WREN HILL RD	STREET ADDRESS	
CITY-ST-ZIP	SAUTEE GA 30571	CITY-ST-ZIP	
TITLE	TD	TITLE	
NAME	BASHAM, TERESA E	NAME	
STREET ADDRESS	4815 NATCHEZ TR CT	STREET ADDRESS	
CITY-ST-ZIP	DULUTH GA 30096	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *MARY Jean Good* *Mary Jean Good* 1/27/04 7068655970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #