2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# F96000005339

Entity Name: FLORIDA-CRC CORP.

Current Principal Place of Business:

1427 CLARKVIEW ROAD
SUITE 500
BALTIMORE, MD 212092100

New Principal Place of Business:

Current Mailing Address:

1427 CLARKVIEW ROAD
SUITE 500
BALTIMORE, MD 212092100

New Mailing Address:

FEI Number: 52-0738521 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NAPLES-LAWDOCK, INC.
1395 PANTHER LANE
SUITE 300
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	DPT	( ) Delete
Name:	LUETKEMEYER, JOHN A JR	
Address:	1427 CLARKVIEW RD SUITE 500	
City-St-Zip:	BALTIMORE, MD 21209	
Title:	DVS	( ) Delete
Name:	SCHAPIRO, J. MARK	
Address:	1427 CLARKVIEW RD SUITE 500	
City-St-Zip:	BALTIMORE, MD 21209	
Title:	VAS	( ) Delete
Name:	WILLIAMS, MICHELE	
Address:	1427 CLARKVIEW RD SUITE 500	
City-St-Zip:	BALTIMORE, MD 21209	
Title:	C	( ) Delete
Name:	RIEF, LAWRENCE G	
Address:	1427 CLARKVIEW RD SUITE 500	
City-St-Zip:	BALTIMORE, MD 21209	
Title:	P	( ) Delete
Name:	SCHAPIRO, J.M III	
Address:	1427 CLARKVIEW RD SUITE 500	
City-St-Zip:	BALTIMORE, MD 21209	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MICHELE WILLIAMS VAS 03/25/2009

Electronic Signature of Signing Officer or Director — Date