

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90007 001 ***158.75

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1. Entity Name
C&R PROCESS, INC.



Principal Place of Business

**1299 STARKEY ROAD
UNIT 302
LARGO, FL 33771 US**

Mailing Address

**5600 CLYDE MOORE DR
GROVEPORT, OH 43125 US**

44007030

2. Principal Place of Business

7000 Bryan Dairy Road

3. Mailing Address

Suite, Apt. #, etc.
Unit B-8

Suite, Apt. #, etc.

01082004

Chg-P

CR2E034 (10/03)

City & State

Largo, FL 33777

City & State

4. FEI Number

34-1290450

Applied For

Not Applicable

33777

Country

USA

Zip

Country

5. Certificate of Status Desired **XX**

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**AYERS, WILLIAM
1462 SADDLE COURT
PALM HARBOR, FL 34683**

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

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, 2004 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
**PDC
MURPHY, RONALD E
5600 CLYDE MOORE DR
GROVEPORT, OH 43125** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
MURPHY, CHRISTINA M
5600 CLYDE MOORE DR
GROVEPORT, OH 43125** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VDC
MCKITRICK, PHILLIP L
5600 CLYDE MOORE DR
GROVEPORT, OH 43125** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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: *Phillip M. Kitrick*

Vice President

02/02/04

614-497-1130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #