

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 15, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # F96000006269

1. Entity Name  
C&R PROCESS, INC.



Principal Place of Business  
7000 BRYAN DAIRY ROAD  
UNIT B-8  
LARGO, FL 33777 US

Mailing Address  
5600 CLYDE MOORE DR  
GROVEPORT, OH 43125 US



08082006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
34-1290450

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

AYERS, WILLIAM  
1462 SADDLE COURT  
PALM HARBOR, FL 34683

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000574395  
08/15/06-80003-001 558.75

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC MURPHY, RONALD E 5600 CLYDE MOORE DR GROVEPORT, OH 43125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MURPHY, CHRISTINA M 5600 CLYDE MOORE DR GROVEPORT, OH 43125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDC MCKITRICK, PHILLIP L 5600 CLYDE MOORE DR GROVEPORT, OH 43125
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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:

*Christina Murphy*

Christina Murphy, Sec/Treas.

08/08/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #