


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F96000006269</b> 1. Entity Name C&R PROCESS, INC.	
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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
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01192007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 34-1290450	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  AYERS, WILLIAM 1462 SADDLE COURT PALM HARBOR, FL 34683
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**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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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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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01/25/07-80024-017 158.75

**DO NOT WRITE  
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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:** Phillip L. McKitrick **Phillip L. McKitrick, Vice Pres. 01/19/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #