


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90409 036 \*\*\*158.75

DOCUMENT # G23570 1. Entity Name CRF. MANAGEMENT CO., INC.	
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Principal Place of Business 500 S. FLORIDA AVE SUITE 700 LAKELAND, FL 33801 US	Mailing Address 500 S. FLORIDA AVE SUITE 700 LAKELAND, FL 33801 US
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94079915



01152004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2254019	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCFARLANE, PETER A. ESQ  
 500 S. FLORIDA AVE.  
 SUITE 700  
 LAKELAND, FL 33801

**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 \$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	D MAXWELL, LAWRENCE W. 5015 S. FLORIDA AVE. #200 LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST EBDRUP, BRIDGET 500 S. FLORIDA AVE SUITE 700 LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAXWELL, LAWRENCE T 5015 S. FLORIDA AVE. #200 LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FALK, BENJAMIN 5015 S. FLORIDA AVENUE #200 LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOCHIS, GOERGE J 5015 S. FLORIDA AVENUE #200 LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST KELLEY, KIM 500 S. FLORIDA AVE SUITE 700 LAKELAND, FL 33801

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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: Kim S. Kelley 4/29/04 803-617-1581  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Kim S. Kelley