


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

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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01122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2254019	Applied For Not Applicable
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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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 DROST, WILLIAM D 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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05/15/06-80066-025 158.75

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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: Kim S. Kelley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/06 863-647-1581
Date Daytime Phone #