

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G23570

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: CRF MANAGEMENT CO., INC.

## Current Principal Place of Business:

500 S. FLORIDA AVE  
SUITE 700  
LAKELAND, FL 33801 US

## New Principal Place of Business:

## Current Mailing Address:

500 S. FLORIDA AVE  
SUITE 700  
LAKELAND, FL 33801 US

## New Mailing Address:

FEI Number: 59-2254019      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MAXWELL, LAWRENCE W.  
Address: 5015 S. FLORIDA AVE. #200  
City-St-Zip: LAKELAND, FL

Title: P ( ) Delete  
Name: MAXWELL, LAWRENCE T  
Address: 5015 S. FLORIDA AVE. #200  
City-St-Zip: LAKELAND, FL

Title: ST ( ) Delete  
Name: FALK, BENJAMIN  
Address: 5015 S. FLORIDA AVENUE #200  
City-St-Zip: LAKELAND, FL

Title: VP ( ) Delete  
Name: SCHREIBER, MARK E  
Address: 500 S. FLORIDA AVENUE, #700  
City-St-Zip: LAKELAND, FL 33801

Title: VP ( ) Delete  
Name: OWENS, DAVID S  
Address: 500 S. FLORIDA AVE SUITE 700  
City-St-Zip: LAKELAND, FL 33801

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: MAXWELL, LAWRENCE T  
Address: 500 S FLORIDA AVENUE SUITE 700  
City-St-Zip: LAKELAND, FL 33801

Title: VP (X) Change ( ) Addition  
Name: LEE, JIM D  
Address: 500 S. FLORIDA AVENUE SUITE 700  
City-St-Zip: LAKELAND, FL

Title: ST (X) Change ( ) Addition  
Name: FALK, BENJAMIN  
Address: 500 S. FLORIDA AVENUE SUITE 700  
City-St-Zip: LAKELAND, FL

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: BOSCARINO, CHARLIE  
Address: 500 S. FLORIDA AVE SUITE 700  
City-St-Zip: LAKELAND, FL 33801

Title: AT ( ) Change (X) Addition  
Name: KELLEY, KIM S  
Address: 500 S. FLORIDA AVENUE SUITE 700  
City-St-Zip: LAKELAND, FL 33801

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIM D LEE

VP

04/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date