

**2008** FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)

DOCUMENT # K92243

1. Entity Name  
C & R GROUP, INC.



FILED

08 JUL 21 PM 2:42

SECRETARY OF STATE



Principal Place of Business  
1315 SUMMERLIN AVE  
SUITE  
SANFORD FL 32771

Mailing Address  
1315 SUMMERLIN AVE  
SUITE 800  
SANFORD FL 32771

1st MOORE CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2952075

Applied For  
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREEN, CLINTON  
1315 SUMMERLIN AVE  
SANFORD FL 32771

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

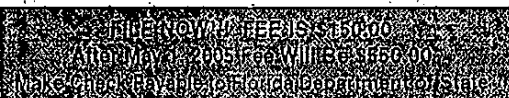
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Clinton Green*

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

(NOTE: Registered Agent signature required when reinstating)

DATE



9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME           | STREET ADDRESS         | CITY-ST-ZIP      | <input type="checkbox"/> Delete |
|-------|----------------|------------------------|------------------|---------------------------------|
| PD    | GREEN, RETHA   | 1315 S. SUMMERLIN AVE. | SANFORD FL       | <input type="checkbox"/>        |
|       |                |                        |                  | 7/14/08                         |
| VP    | GREEN, CLINTON | 1315 S. SUMMERLIN AVE. | SANFORD FL 32771 | <input type="checkbox"/>        |
|       |                |                        |                  | 7/14/08                         |
|       |                |                        |                  | <input type="checkbox"/>        |
|       |                |                        |                  | <input type="checkbox"/>        |
|       |                |                        |                  | <input type="checkbox"/>        |
|       |                |                        |                  | <input type="checkbox"/>        |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |

*7/7/22*

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07/24/08--01032--015 \*\*150.00

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 *Clinton Green*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *7/14/08* Daytime Phone #