

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000014079

1. Entity Name
C & R ENTERPRISES, LLC

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90068 041 ****50.00

Principal Place of Business

1112 NW 24TH AVE.
OCALA, FL 34475

Mailing Address

1112 NW 24TH AVE.
OCALA, FL 34475

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

04262004

Chg-LLC

CR2E083 (10/03)

City & State

City & State

4. FEI Number

41-0873478

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUTTS, ROBERT P
 FISHER & BUTTS, P.A.
 5203 SW 51ST TERRACE, STE. D
 GAINESVILLE, FL 32608

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent Signature is required when changing)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ANDERSON, CHARLES W		NAME		
STREET ADDRESS	4799 NW 63RD TERR		STREET ADDRESS		
CITY-STATE-ZIP	BELL, FL 32619		CITY-STATE-ZIP		
TITLE	VP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PHILLIPS, ROY		NAME		
STREET ADDRESS	4039 NW BLITCHTON RD		STREET ADDRESS		
CITY-STATE-ZIP	OCALA, FL 34462		CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone

4-26-04

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

5/2/2003-90564-046-\$50.00-\$50.00

DOCUMENT # L02000014079		
1. Entity Name C & R ENTERPRISES, LLC		

Principal Place of Business 1112 NW 24TH AVE. OCALA FL 34475	Mailing Address 1112 NW 24TH AVE. OCALA FL 34475
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2. Principal Place of Business Same Suite, Apt. #, etc.	3. Mailing Address Same Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number EIN-47-0873478	☒ Applied For ☐ Not Applicable
5. Certificate of Status Desired	☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BUTTS, ROBERT P FISHER & BUTTS, P.A. 5203 SW 91ST TERRACE, STE. D GAINESVILLE FL 32608	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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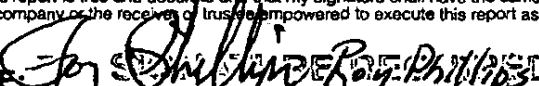
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Charles W. Anderson ☐ Delete 4799 NW 63rd Terrace Bell, Fla. 32619 Pres.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Roy Phillips ☐ Delete 4039 NW Blitchton Rd Ocala, Fla. 34482 V.Pres.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **4-28-03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Attachment
24057260

CR2E083 (10/02)

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
PHILADELPHIA PA 19255

Attached
2405226
202 0000 1079
DATE OF THIS NOTICE: 07-05-2002
NUMBER OF THIS NOTICE: CP 575 A
EMPLOYER IDENTIFICATION NUMBER: 47-0873478
FORM: SS-4
0533457034 B

C&R ENTERPRISES LLC
ANDERSON CHARLES W MEMB
1112 NW 24TH AVE
OCALA FL 34475

FOR ASSISTANCE CALL US AT:
1-800-829-1040

OR WRITE TO THE ADDRESS
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 47-0873478. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing and incorrect information in your account. It also could cause you to be assigned more than one EIN.

Based on the information shown on your Form SS-4, you must file the following forms(s) by the date we show.

Form 941	10/31/2002
Form 1065	04/15/2003
Form 940	01/31/2003

Your assigned tax classification is based on information obtained from your Form SS-4. It is not a legal determination of your tax classification and is not binding on the IRS. If you want a determination on your tax classification, you may seek a private letter ruling from the IRS under the procedures set forth in Rev. Proc. 98-01, 1998-1 I.R.B. 7 (or the superceding revenue procedure for the year at issue).

If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office.

If you have questions about the forms shown or the date they are due, you may call us at 1-800-829-1040 or write to us at the address shown above.

If you're required to deposit for employment taxes (Forms 941, 943, 940, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), we will send an initial supply of Federal Tax Deposit (FTD) coupon books within six weeks. You can use the enclosed coupons if you need to make a deposit before you receive your supply.