2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004
Secretary of State

DOCUMENT# N34514

Entity Name: C. R. P. S. INC.

Current Principal Place of Business:

639 NE 1 STREET
CRYSTAL RIVER, FL 32629

New Principal Place of Business:

Current Mailing Address:

5299 S. RIVERSIDE DR.
HOMOSASSA, FL 34446 US

New Mailing Address:

FEI Number: 59-3233855 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GEIB, DONALD C.
5299 RIVERSIDE DR.
HOMOSASSA, FL 32646 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

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: WHITE, TRAVIS
Address: 5299 S. RIVERSIDE DR.
City-St-Zip: HOMOSASSA, FL

Title: VD ( ) Delete
Name: GEIB, DONALD,
Address: 5299 RIVERSIDE DRIVE
City-St-Zip: HOMOSASSA, FL

Title: PD ( ) Delete
Name: GEIB, JOSEPHINE,
Address: 5299 RIVERSIDE DRIVE
City-St-Zip: HOMOSASSA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPHINE R. GEIB PD 02/11/2004

Electronic Signature of Signing Officer or Director — Date