## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N34514

City-St-Zip:

HOMOSASSA, FL

FILED Jan 26, 2006 Secretary of State

Entity Name: C. R. P. S. INC. **Current Principal Place of Business: New Principal Place of Business:** 639 NE 1 STREET CRYSTAL RIVER, FL 32629 **Current Mailing Address: New Mailing Address:** 5299 S. RIVERSIDE DR HOMOSASSA, FL 34446 US FEI Number: 59-3233855 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GEIB, DONALD C 5299 RIVERSIDE DR. HOMOSASSA, FL 32646 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete WHITE, TRAVIS Name: Name: Address: 5299 S. RIVERSIDE DR. Address: City-St-Zip: HOMOSASSA, FL City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: GEIB, DONALD, Name: Address: 5299 RIVERSIDE DRIVE Address: City-St-Zip: HOMOSASSA, FL City-St-Zip: Title: () Delete Title: () Change () Addition GEIB, JOSEPHINE, Name: Name: 5299 RIVERSIDE DRIVE Address: Address:

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

City-St-Zip:

Ρ SIGNATURE: JOSEPHINE GEIB 01/26/2006