

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 08, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000004409

1. Entity Name
CONTRACTORS RESOURCE CENTER, INC.



Principal Place of Business
**1730 BISCAYNE BLVD., STE. 201
MIAMI, FL 33132**

Mailing Address
**1730 BISCAYNE BLVD., STE. 201
MIAMI, FL 33132**



01142005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0552682	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HAMLER, ELSIE K
1730 BISCAYNE BLVD., STE. 201
MIAMI, FL 33132**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAMLER, ELSIE K 1730 BISCAYNE BLVD., STE. 201 MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKINNON, DOUGLAS 6600 NORTHWEST 27TH AVENUE MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MYERS, KEVIN 1718 NW NORTH RIVER DRIVE MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURTON, LINDA 1820 N UNIVERSITY DRIVE PLANTATION, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REED, CLIFTON T JR 1730 BISCAYNE BLVD., STE. 201-A MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, ELOISE 4250 NW 37TH AVENUE MIAMI, FL 33142

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02/08/05-80067-024 70.00

**DO NOT WRITE
IN THIS SPACE**

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 617, 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: Elsie K. Hamler **ELSIE K. HAMLER** 2/4/05 305 571-3738
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #