

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90255 035 ***150.00

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1. Entity Name

CRMC ENTERPRISES, INC.



Principal Place of Business

6853 AVENDIA DE GALVEZ
NAVARRE FL 32566

Mailing Address

6853 AVENDIA DE GALVEZ
NAVARRE FL 32566



2. Principal Place of Business

3555 KING ROAD

3. Mailing Address

PO BOX 1237

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

CARYVILLE, FL

City & State

DOMINAY FL

4. FEI Number

58-2172458

Applied For

Not Applicable

Zip

32427

Country

Zip

32425

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCGARITY, C.R.
6853 AVENDIA DE GALVEZ
NAVARRE FL 32566

7. Name and Address of New Registered Agent

Name

C.R. McGarity

Street Address (P.O. Box Number is Not Acceptable)

3555 KING ROAD

City

CARYVILLE

FL

Zip Code

32427

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

C.R. McGarity

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-17-06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME MCGARITY, C.R.
STREET ADDRESS 6853 AVENDIA DE GALVEZ
CITY-ST-ZIP NAVARRE FL 32566

TITLE D ☐ Delete
NAME MCGARITY, DIANE
STREET ADDRESS 6853 AVENDIA DE GALVEZ
CITY-ST-ZIP NAVARRE FL 32566

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3555 KING ROAD
CITY-ST-ZIP CARYVILLE, FL 32427

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3555 KING ROAD
CITY-ST-ZIP CARYVILLE, FL 32427

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

C.R. McGarity

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-06

Date

850-547-2992

Daytime Phone #