

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90020 025 ***158.75

DOCUMENT # P01000042756

1. Entity Name
CRCE, INC.



Principal Place of Business
9667- 123RD WAY NORTH
SEMINOLE, FL 33772

Mailing Address
9667- 123RD WAY NORTH
SEMINOLE, FL 33772



01182004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3714895

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CASTAGLIOLA, PAUL ESQ.
4020 PARK STREET - SUITE 303
ST. PETERSBURG, FL 33709

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME MARINESCU, IVAN C. MARINESCU, IOAN C.
STREET ADDRESS 9667 123RD WAY NORTH 10317 BARRY DRIVE
CITY-ST-ZIP SEMINOLE, FL 33772 LARGO, FLORIDA 33774

TITLE VP
NAME MARINESCU, RODICA MARINESCU, RODICA
STREET ADDRESS 9667 123RD WAY NORTH 10317 BARRY DRIVE
CITY-ST-ZIP SEMINOLE, FL 33772 LARGO, FL 33774

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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TITLE
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STREET ADDRESS
CITY-ST-ZIP

**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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RODICA MARINESCU

2/15/04 727-784-2002