


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90031 026 \*\*\*150.00

<b>DOCUMENT # P01586</b> 1. Entity Name <b>C.R.C.C. OF ORLANDO, INC.</b>					
Principal Place of Business <b>11200 ROCKVILLE PIKE, 5TH FLOOR ROCKVILLE MD 20852</b>			Mailing Address <b>11200 ROCKVILLE PIKE, 5TH FLOOR ROCKVILLE MD 20852</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>52-1348385</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>NRAI SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE FL 32301</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CTD DOCKSER, WILLIAM B. 11200 ROCKVILLE PIKE ROCKVILLE MD</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CTD DOCKSER, WILLIAM B. 11200 ROCKVILLE PIKE, 5TH FL. ROCKVILLE MD 20852</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD WILLOUGHBY, H. WILLIAM 11200 ROCKVILLE PIKE ROCKVILLE MD</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD WILLOUGHBY, H. WILLIAM 11200 ROCKVILLE PIKE, 5TH FL. ROCKVILLE MD 20852</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V LACKEY, MELISSA 11200 ROCKVILLE PIKE ROCKVILLE MD</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V LACKEY, MELISSA 11200 ROCKVILLE PIKE, 5TH FL. ROCKVILLE MD 20852</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPT LEE, RANDOLPH E JR 11200 ROCKVILLE PIKE ROCKVILLE MD 20852</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPT LEE, RANDOLPH E JR 11200 ROCKVILLE PIKE, 5TH FL. ROCKVILLE MD 20852</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V TUSZKA, MICHAEL J 11200 ROCKVILLE PIKE ROCKVILLE MD</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V TUSZKA, MICHAEL J 11200 ROCKVILLE PIKE, 5TH FL. ROCKVILLE MD 20852</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V BACKMAN, SUSAN T 11200 ROCKVILLE PIKE ROCKVILLE MD</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V BACKMAN, SUSAN T 11200 ROCKVILLE PIKE, 5TH FL. ROCKVILLE MD 20852</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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 #		_____ Daytime Phone #	