## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 30, 2004 8:00 am Secretary of State DOCUMENT # P02000075905 1. Entity Name 04-30-2004 90272 023 \*\*\*150.00 CRT MATERIALS, INC. Principal Place of Business Mailing Address 1562 PARK LANE SOUTH 1562 PARK LANE SOUTH **SUITE #700 SUITE #700** JUPITER FL 33458 JUPITER FL 33458 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. MOORE CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 01-0736571 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RESTLY, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 1562 PARK LANE SOUTH SUITE #700 JUPITER FL 33458 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when roinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition TITLE ☐ Delete TITLE Change CLOISE PARK LANG SOUTH, SUITE 700 COSTA, JORGE NAME NAME 1562 PARK LANE SOUTH #700 STREET ADDRESS STREET ADORESS JUDITER, EL 33458 JUPITER FL 33458 CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition RESTLY, MICHAEL NAME NAME 1562 PARK LANE SOUTH #700 STREET ADDRESS STREET ADDRESS JUPITER FL 33458 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME BLOHM, GRANT' NAME STREET ADDRESS STREET ADDRESS 1562 PARK LANE SOUTH #700 CITY-ST-7IP CITY-ST-ZIP JUPITER FL 33458 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP \ CITY-ST-ZIP 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 expute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

**FILED** 

changed, or on an attachment with an address, with all other ke empowered. SIGNATURE: SIGNATURE AND TYPED INTED NAME OF SIGNING OFFICER OR DIRECTOR