

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000086702

1. Entity Name
COMMUNITY RESOURCES, INC.



Principal Place of Business
**105 11TH AVENUE NE
ST. PETERSBURG, FL 33701**

Mailing Address
**105 11TH AVENUE NE
ST. PETERSBURG, FL 33701**



02052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2287834

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DONOGHUE, JOANNE M
105 11TH AVENUE NE
ST. PETERSBURG, FL 33701**

**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 reappointing)

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
DONOGHUE, JOANNE M
STREET ADDRESS
105 11TH AVENUE NE
CITY-ST-ZIP
SAINT PETERSBURG, FL 33701

TITLE
S
NAME
DONOGHUE, JOANNE M
STREET ADDRESS
105 11TH AVENUE NE
CITY-ST-ZIP
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NAME
STREET ADDRESS
CITY-ST-ZIP

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02/09/04-80100-015 150.00

**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 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: Joanne M. Donoghue
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOANNE M. DONOGHUE

2/5/04 (727) 820-3566
Date Daytime Phone #