


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 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
---	---

DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2287834	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DONOGHUE, JOANNE M 105 11TH AVENUE NE SAINT PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DONOGHUE, JOANNE M 105 11TH AVENUE NE SAINT PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DONOGHUE, JOANNE M 105 11TH AVENUE NE SAINT PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000175027
01/10/05-80033-018 150.00

**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 1/6/05 (727) 820-3566

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #