

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90111 010 ***150.00

DOCUMENT # P02000124720

1. Entity Name
CRG ENERGY, INC.



Principal Place of Business
**5858 W ATLANTIC AVE
DELRAY BEACH, FL 33484**

Mailing Address
**5858 W ATLANTIC AVE
DELRAY BEACH, FL 33484**

50013939

2. Principal Place of Business
**1201 N. STATE RD. 7
Suite, Apt. #, etc. A2185**

3. Mailing Address
**P O Box 210333
Suite, Apt. #, etc.**



04132006 Chg-P CR2E034 (11/05)

City & State
**ROYAL PALM BCH. FL
Zip 33411 Country USA**

City & State
**ROYAL PALM BCH. FL
Zip 33421 Country USA**

4. FEI Number
83-0343097 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BERGMANN, JOSEPH R
5858 W ATLANTIC AVE
DELRAY BEACH, FL 33484**

7. Name and Address of New Registered Agent

Name **BERGMANN, JOSEPH R.**
Street Address (P.O. Box Number is Not Acceptable)
1744 BREAKERS WEST BLVD.
City **WEST PALM BCH. FL** Zip Code **33411**

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

4/19/06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CCEO
BERGMANN, JOSEPH R
975 S. CONGRESS AVENUE SUITE 102
DELRAY BEACH, FL 33445** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C.D
BERGMANN, JOSEPH R.
1744 BREAKERS WEST BLVD.
WEST PALM BCH. FL 33411** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

JOSEPH R. BERGMANN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/06 (SW) 236 7552
Date Daytime Phone #