


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90184 014 ***150.00

| | | | | | |
|--|-----------------------------------|--|--|---|--|
| DOCUMENT # P03000042935 1. Entity Name CRNT - II, INC. | | | |  | |
| Principal Place of Business ALLSTAIRS INC. 2900 NW COMMERCE PK DR #1 BOYNTON BEACH, FL 33426 | | | Mailing Address 2900 NW COMMERCE PARK DRIVE #1 BOYNTON BEACH, FL 33426 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 4. FEI Number 65-1194767 | | | | 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 DANIELS, STEVEN L 515 N FLAGLER DR 6 FLR W PALM BCH, FL 33401 | | | 7. Name and Address of New Registered Agent Name <u>Jimmy B. Fritz</u> Street Address (P.O. Box Number is Not Acceptable) <u>2900 NW Commerce Pk Dr. #1</u> City <u>Boynton Beh.</u> <u>FL</u> Zip Code <u>33426</u> | | |
| 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 <u>Jimmy B. Fritz Pres</u> <u>Jimmy B. Fritz</u> DATE <u>4/26/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | P <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | FRITZ, JIMMY B | | NAME | | |
| STREET ADDRESS | 953 BROOKDALE DRIVE | | STREET ADDRESS | | |
| CITY - ST - ZIP | BOYNTON BEACH, FL 33435 | | CITY - ST - ZIP | | |
| TITLE | V <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | FRITZ, MARSHA | | NAME | | |
| STREET ADDRESS | 953 BROOKDALE DRIVE | | STREET ADDRESS | | |
| CITY - ST - ZIP | BOYNTON BEACH, FL 33435 | | CITY - ST - ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <u>4-26-06</u> <u>5614934455</u> <small>Date Daytime Phone #</small> | | |