

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 11, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000047791

1. Entity Name  
C.R.M.K. INC.



Principal Place of Business  
9400 GLADIULUS DR  
10B  
NORTH FORT MYERS FL 33903  
US

Mailing Address  
9400 GLADIULUS DR  
10B  
NORTH FORT MYERS FL 33903  
US



2. Principal Place of Business  
9400 GLADIULUS DR

3. Mailing Address  
9172 PINEAPPLE RD

Suite, Apt. #, etc.  
103

Suite, Apt. #, etc.

City & State  
FORT MYERS, FL

City & State  
FORT MYERS, FL

Zip  
33903

Country  
USA

Zip  
33967

Country  
USA

2nd MOORE

CR2E034 (4/06)

4. FEI Number 20-0149117

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

BAGBY, PATRICIA A  
9172 PINEAPPLE RD.  
FORT MYERS FL 33912

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 PATRICIA A. BAGBY

(NOTE: Registered Agent signature required when reinstating)

DATE 8-8-06

**FILE NOW!!! FEE IS \$550.00**  
**DUE BY September 6, 2006**  
**Make Check Payable to Florida Department of State**

S 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

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

## 10. OFFICERS AND DIRECTORS

TITLE P  
NAME BAGBY, PATRICIA A  
STREET ADDRESS 9172 PINEAPPLE RD.  
CITY- ST- ZIP FORT MYERS FL 33912 ☐ Delete

TITLE VP  
NAME BAGBY, JON C  
STREET ADDRESS 9172 PINEAPPLE RD.  
CITY- ST- ZIP FORT MYERS FL 33912 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition  
000000574161  
08/11/06-80006-018 150.00

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
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: PATRICIA A. BAGBY PATRICIA A. BAGBY 7/31/06 239693-0000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #