


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 08, 2004 8:00 am**  
**Secretary of State**

09-08-2004 90121 047 \*\*\*158.75

<b>DOCUMENT # P03000056405</b> 1. Entity Name <b>CRM TRANSPORT, INC.</b>					
Principal Place of Business <b>4188 HOFFMAN AVE. SPRING HILLS, FL 34606 US</b>			Mailing Address <b>4188 HOFFMAN AVE. SPRING HILLS, FL 34606 US</b>		
2. Principal Place of Business <b>4188 Hoffman Ave</b> Suite, Apt. #, etc. <b>Spring Hill FL</b> City & State			3. Mailing Address <b>Same</b> Suite, Apt. #, etc.  City & State		
Zip <b>34606</b>		Country <b>USA</b>		4. FEI Number <b>20-0023064</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>MARTINEZ, CARLOS R 4188 HOFFMAN AVE. SPRING HILLS, FL 34606</b>			7. Name and Address of New Registered Agent Name <b>Alicia O'Reilly</b> Street Address (P.O. Box Number is Not Acceptable) <b>4188 Hoffman Ave</b> City <b>Spring Hills</b> <b>FL</b> <b>34606</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>MARTINEZ, CARLOS R 4188 HOFFMAN AVE. SPRING HILLS, FL 34606</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President Alicia O'Reilly 4188 Hoffman Ave Spring Hill FL 34606</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <b>Carlos R Martinez</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>8/31/04 352-684-2873</b> <small>Date Daytime Phone #</small>		