

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90536 018 ***150.00

DOCUMENT # P03000069032	
1. Entity Name COLLEGE REPAYMENT RESOURCES INC.	

Principal Place of Business 300 S. MADISON AVENUE SUITE 1 CLEARWATER, FL 33756 US	Mailing Address 300 S. MADISON AVENUE SUITE 1 CLEARWATER, FL 33756 US
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50046333



2. Principal Place of Business 1497 Main St #305	3. Mailing Address SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04292005 Chg-P CR2E034 (10/03)

City & State Dunedin FL	City & State
34698 Country	Zip Country

4. FEI Number 43-2019532	App'd For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CLUETT, SHARON Y 300 S MADISON AVENUE SUITE 1 CLEARWATER, FL 33756	
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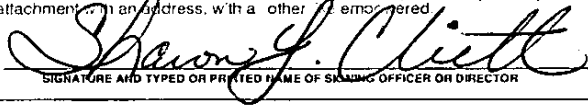
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number's Not Accepted)	
City	FL Zip Code

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 _____	

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	P SHARON, CLUETT Y ☐ Delete 300 S. MADISON AVENUE SUITE 1 CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete
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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	P Sharon Cluett ☐ Change ☐ Addition 1497 Main St. #305 Dunedin, FL 34698
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 exemption stated in Section 119.07(3)(c), 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 a other as empowered.	
SIGNATURE: 	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	