2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attach

SIGNATURE AND TYPED OR I

SIGNATURE:

Apr 12, 2004 8:00 am Secretary of State DOCUMENT # P03000095491 1. Entity Name 04-12-2004 90314 001 ***150.00 CRGR, INC. Principal Place of Business Mailing Address 7449 W. GULF TO LAKE HWY UNIT #6 7449 W. GULF TO LAKE HWY UNIT #6 **CRYSTAL RIVER FL 34429 CRYSTAL RIVER FL 34429** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 06-170764 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NEITZ. ROANLD I JR Street Address (P.O. Box Number is Not Acceptable) 7449 W. GULF TO LAKE HWY UNIT #6 **CRYSTAL RIVER FL 34429** City 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 f applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 70. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete ☐ Change ☐ Addition MAME STREET ADDRESS NEITZ, RONALD I JR NAME 7449 W. GULF TO LAKE HWY UNIT #6 STREET ADORESS CITY-ST-ZIP **CRYSTAL RIVER FL 34429** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNING OFFICER OR DIRECTOR

FILED