

ANNUAL REPORT (AR)

DOCUMENT # P04000019713

1. Entity Name

CONTINENTAL INDUSTRIAL RESOURCE CORPORATION



FILED
Feb 03, 2006 08:00 AM
Secretary of State



1st MOORE CR2E034 (10/05)

4. FET Number **51-0498707** Applied For
 Not Applies

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

6. Name and Address of Current Registered Agent

RYAN, JAMES S II
 114 JUNIPER LANE
 LONGWOOD FL 32779

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

Signature: Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May
 Trust Fund Contribution. ☐ Added to Fee

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	☐ Delete
NAME	GRAY, JOHN W II	
STREET ADDRESS	3901 JANITELL RD	
CITY-ST-ZIP	COLORADO SPRINGS CO 80906	
TITLE	VP	☐ Delete
NAME	ABJUL-ALI, AISHA	
STREET ADDRESS	626 PRICE AVE	
CITY-ST-ZIP	DURNHAM NC 27701	
TITLE	ST	☐ Delete
NAME	RYAN, JAMES S II	
STREET ADDRESS	114 JUNIPER LANE	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	D	☐ Delete
NAME	QUIGLELY, RICHARD F	
STREET ADDRESS	507 DORSET CIRCLE	
CITY-ST-ZIP	SOUTH DAYTONA FL 32119	
TITLE	D	☐ Delete
NAME	GRAY, JOHN	
STREET ADDRESS	3901 JANITELL RD.	
CITY-ST-ZIP	COLORADO SPRINGS CO 80906	
TITLE	D	☐ Delete
NAME	RYAN, JAMES S II	
STREET ADDRESS	114 JUNIPER LANE	
CITY-ST-ZIP	LONGWOOD FL 32779	

TITLE		☐ Change ☐ Add
NAME	U000000416112	
STREET ADDRESS	02/13/06-80002-016 158.75	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JANUARY 31, 2006 (457)
 788-221