

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90333 019 ***150.00

DOCUMENT # P04000043601 1. Entity Name CRD ENTERPRISES, INC.					
Principal Place of Business 12401 ORANGE GROVE DRIVE APT. 1111 TAMPA, FL 33618			Mailing Address 12401 ORANGE GROVE DRIVE APT. 1111 TAMPA, FL 33618		
2. Principal Place of Business 140 Windsor Court Suite, Apt. #, etc.		3. Mailing Address 140 Windsor CT Suite, Apt. #, etc.			
City & State Cranberry Twp PA Zip 16066 Country USA		City & State Cranberry Twp, PA Zip 16066 Country USA		4. FEI Number 20-0841954 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04092005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent ROGERS, CHRISTINE M 12401 ORANGE GROVE DRIVE APT. 1111 TAMPA, FL 33618			7. Name and Address of New Registered Agent Name ROGERS, Christine M. Street Address (P.O. Box Number is Not Acceptable) 140 Windsor Court City Tampa, FL 33618 State PA Zip Code 16066		
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 <u>Christine Rogers</u> DATE <u>4/13/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROGERS, CHRISTINE M 12401 ORANGE GROVE DRIVE, APT 1111 TAMPA, FL 33618	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Rogers, Christine M. 140 Windsor CT Cranberry Twp, PA 16066	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROGERS, ERIC C 12401 ORANGE GROVE DRIVE, APT 1111 TAMPA, FL 33618	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Rogers, Eric C. 140 Windsor CT Cranberry Twp, PA 16066	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Christine Rogers</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/13/05</u> Daytime Phone # <u>724-772-8190</u>		

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