2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 02, 2005 8:00 am **DOCUMENT # P04000069705 Secretary of State** 1. Entity Name 03-02-2005 90090 025 ***150.00 CMRP GROUP, INC. Principal Place of Business Mailing Address 3350 EAST BAY DRIVE 3350 EAST BAY DRIVE **LARGO FL 33771 LARGO FL 33771** 2. Principal Place of Business Mailing Address 12673 12675 5974 Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For lear 71-0966389 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROESCH, MARK 3350 EAST BAY DRIVE Street Address (P.O. Box Number is Not Acceptable) LARGO FL 33771 City Zip Code 8. The above named entity submit 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 signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1; 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME DUSHANE, CHRIS NAME 12673 - 59th WAY NORTH STREET ADDRESS 3350 EAST BAY DRIVE STREET ADDRESS CITY-ST-ZIP LARGO FL 33771 CITY-ST-ZIP CLEARWATER FL 33760 Delete Change TITLE ☐ Addition ROESCH, MARK NAME NAME 12473 - 59+ WAY NORTH 3350 EAST BAY DRIVE STREET ADDRESS STREET ADDRESS LARGO FL 33771 CITY-ST-ZIP CITY-ST-ZIP TITLE **Change** TITLE Delete -. Addition NAME NASSE, PETE 12673-59th Way North Clearwater, FZ 33760 STREET ADDRESS 3350 EAST BAY DRIVE STREET ADDRESS CITY-ST-7/P LARGO FL 33771 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP ☐ Defete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIR

SIGNATURE: S

FILED