2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000027569

ALTOONA, FL 32702

City-St-Zip:

FILED Sep 12, 2008 Secretary of State

D 0 0 0 1 1 1		.000027.000			ocorciary or otate	
Entity Nam	ie: CCRS, IN	NC.				
Current Pri	incipal Place	of Business:	New Prin	New Principal Place of Business:		
	H HIGHWAY DRA, FL 327					
Current Ma	iling Addres	ss:	New Mail	New Mailing Address:		
4592 NORTH HIGHWAY 19A MOUNT DORA, FL 32757 20			4592 NORTH HIGHWAY 19A MOUNT DORA, FL 32757			
FEI Number: 20-2367797 FEI Number Applied For ()			FEI Number Not Applicable ()		Certificate of Status Desired (X)	
Name and Address of Current Registered Agent: Name				lame and Address of New Registered Agent:		
	ATRICK MR. ISETTIA ROA FL 32702					
The above r		submits this statement for the	e purpose of changing	its registere	ed office or registered agent, or both,	
SIGNATUR	E:					
	Electror	nic Signature of Registered A	gent		Date	
OFFICERS	TORS:	ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P,T (DUPUIS, PATR 47700 POINSE ALTOONA, FL	TTIA ROAD	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address:	VP (NOLAN, DANIE 47700 POINSE		Title: Name: Address:	VP RAMOS, L 9075 ST A	(X) Change()Addition ORI A MS NDREWS WAY	

City-St-Zip:

MOUNT DORA, FL 32757

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICK DUPUIS P 09/12/2008