# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 02, 2009**
**Secretary of State**

DOCUMENT# P07000133934

**Entity Name:** CRB GAGE ENTERPRISES, INC.

**Current Principal Place of Business:**

275 CR 552
BUSHNELL, FL 33513

**New Principal Place of Business:**

**Current Mailing Address:**

CRP GAGE ENTERPRISES
P.O. BOX 1316
BUSHNELL, FL 33513

**New Mailing Address:**

CRB GAGE ENTERPRISES
P.O. BOX 1316
BUSHNELL, FL 33513

**FEI Number: 26-1684800** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JAMES E. WADE, III, P.A.
116 BUSHNELL PLAZA
BUSHNELL, FL 33513 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete
Name: GAGE, CHARLES B
Address: P.O. BOX 1316
City-St-Zip: BUSHNELL, FL 33513

Title: V ( ) Delete
Name: GAGE, RUDOLPH R
Address: P.O. BOX 1316
City-St-Zip: BUSHNELL, FL 33513

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSD (X) Change ( ) Addition
Name: GAGE, CHARESE B
Address: P.O. BOX 1316
City-St-Zip: BUSHNELL, FL 33513

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: CHARESE B GAGE PSD 05/02/2009
Electronic Signature of Signing Officer or Director Date