

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000086615

FILED  
Jan 06, 2004  
Secretary of State

Entity Name: CLRM INVESTMENT CO.

## Current Principal Place of Business:

250 N ORANGE AVE  
SUITE 1425  
ORLANDO, FL 32801

## Current Mailing Address:

PO BOX 752  
ORLANDO, FL 32802

## New Principal Place of Business:

631 W. MORSE BLVD.  
SUITE 125  
WINTER PARK, FL 32789

## New Mailing Address:

PO BOX 2635  
WINTER PARK, FL 32790

FEI Number: 59-3215054

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CARTER, BYRON R  
250 N ORANGE AVE  
SUITE 1425  
ORLANDO, FL 32801 US

## Name and Address of New Registered Agent:

CARTER, BYRON R  
631 W. MORSE BLVD.  
SUITE 125  
WINTER PARK, FL 32789 US

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:

01/06/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PT ( ) Delete  
Name: CARTER, BYRON R  
Address: P O BOX 752 NA  
City-St-Zip: ORLANDO, FL 32802

Title: VP ( ) Delete  
Name: CARTER, BYRON N  
Address: P O BOX 752 NA  
City-St-Zip: ORLANDO, FL 32802

Title: S ( ) Delete  
Name: MCPHERSON, NANETTE C  
Address: P.O. BOX 752 N/A  
City-St-Zip: ORLANDO, FL 32802

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition  
Name: CARTER, BYRON R  
Address: 631 W. MORSE BLVD.  
City-St-Zip: WINTER PARK, FL 32789

Title: VP (X) Change ( ) Addition  
Name: CARTER, BYRON N  
Address: 631 W. MORSE BLVD.  
City-St-Zip: WINTER PARK, FL 32789

Title: S (X) Change ( ) Addition  
Name: MCPHERSON, NANETTE C  
Address: 631 W. MORSE BLVD.  
City-St-Zip: WINTER PARK, FL 32789

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BYRON R. CARTER

PRES

01/06/2004

Electronic Signature of Signing Officer or Director

Date