

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90036 040 ***150.00

DOCUMENT # P94000055653

1. Entity Name
CRP GROUP, INC.



Principal Place of Business

300 E. STATE STREET
SUITE G
JACKSONVILLE, FL 32202 US

Mailing Address

300 E. STATE STREET
SUITE G
JACKSONVILLE, FL 32202 US

62091011



2. Principal Place of Business

1923 Southampton Rd
Suite, Apt. #, etc.

3. Mailing Address

1923 Southampton Rd
Suite, Apt. #, etc.

04062004 Chg-P CR2E034 (10/03)

City & State

Jacksonville, Florida

Zip
32207

Country
USA

City & State

Jacksonville, Florida

Zip
32207

Country
USA

4. FEI Number
59-3266386

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EASTON, WILLIAM M
300 E. STATE STREET
SUITE G
JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VSD
NAME EASTON, WILLIAM M
STREET ADDRESS 300 E. STATE ST., SUITE G
CITY-ST-ZIP JACKSONVILLE, FL 32202 ☐ Delete

TITLE PD
NAME FARAH, FREDDY E
STREET ADDRESS 300 E. STATE ST., SUITE G
CITY-ST-ZIP JACKSONVILLE, FL 32202 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-04

(904) 398-1044

Date

Daytime Phone #