

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000008178

**FILED**  
**Apr 08, 2011**  
**Secretary of State**

**Entity Name:** C R CONTRACTING, INC.

Q

**Current Principal Place of Business:**

1767 HERMITAGE BLVD., #9207  
TALLAHASSEE, FL 323087713

**New Principal Place of Business:**

900 RIGGINS ROAD  
APT. 222  
TALLAHASSEE, FL 323082213

**Current Mailing Address:**

1767 HERMITAGE BLVD., #9207  
TALLAHASSEE, FL 323087713

**New Mailing Address:**

900 RIGGINS ROAD  
APT. 222  
TALLAHASSEE, FL 323082213

**FEI Number:** 59-3317200

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COLLINS, HAROLD R  
7409 AMERICA WAY  
NEW PORT RICHEY, FL 34654 US

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

COLLINS, HAROLD R  
900 RIGGINS ROAD  
APT. 222  
TALLAHASSEE, FL 323082213 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:**

04/08/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** COLLINS, HAROLD R  
**Address:** 900 RIGGINS ROAD APT. 222  
**City-St-Zip:** TALLAHASSEE, FL 323082213

**Title:** S/T  
**Name:** COLLINS, HAROLD R  
**Address:** 900 RIGGINS ROAD APT. 222  
**City-St-Zip:** TALLAHASSEE, FL 323082213

I hereby 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 all other like empowered.

**SIGNATURE:** HAROLD R COLLINS

P

04/08/2011

Electronic Signature of Signing Officer or Director

Date