## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Apr 07, 2008 08:00 All Secretary of State DOCUMENT # P95000027719 . C.R. CONSTRUCTION ASSOCIATES, INC. Principal Place of Business Mailing Address 1118 SW DORCHESTER ST P O BOX 9232 PT ST LUCIE, FL 34985 PT ST LUCIE, FL 34983 US 03132008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0570308 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **AMERILAWYER** DO NOT WRITE 343 ALMERIA AVE CORAL GABLES, FL 33134 IN THIS SPACE 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, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME GRECO, RALPH J 1118 SW DORCHESTER ST STREET ADDRESS PORT SAINT LUCIE, FL 34983 CITY-ST-7IP ະເດີດດັດດອອ4ຄົດຄົ BILE 04/17/08-80050-018 WENDELL, COLE NAME STREET ADDRESS 1498 SW BARTELL AVE CHY-ST-ZP PT ST LUCIE, FL TITLE NAME GRECO, RALPH J STREET ADDRESS 1118 SW DORCHESTER ST DO NOT WRITE CITY-ST-ZIP PORT SAINT LUCIE, FL 34983 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

STREET ADDRESS CITY-ST-ZIP

J GRECO PRESIDENT

Daytime Phone #