

**FOR PROFIT CORPORATION
ANNUAL REPORT**

04-29-2008 90071 001 ***150.00
P97000002017

FILED


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

40088041

REINSTATEMENT 07-08

DOCUMENT # P97000002017
1. Entity Name
CGR Marketing, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box #
137 misty valley dr.
Suite, Apt. #, etc.

3. Mailing Address
137 misty valley dr.
Suite, Apt. #, etc.

City & State
Canton, GA

City & State
Canton, GA

Zip
30114 Country
USA

Zip
30114 Country
USA

4. FEI Number
05-072230A

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Michael R. Relick

Street Address (P.O. Box Number, if Not Applicable)
10400 Spotted Fawn Lane

City
Jacksonville, FL Zip Code
32257

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] DATE 2-22-08

Sign in ink, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended AR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>President / Treasurer / Secy Christine G. Relick 137 misty valley dr. Canton, GA 30114</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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07/22/08--01013--012 **150.00

DO NOT WRITE IN THIS SPACE

12. I hereby 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 on an attachment with an address, with all other like employees.

SIGNATURE: Christine Relick DATE 2-25-08 (678) 493-9058

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christine G. Relick

2/25/08
aw