




**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000016623 1. Entity Name CRC LAKELAND SOUTH, INC.				
Principal Place of Business 111 WEST FORTUNE STREET TAMPA, FL 33602		Mailing Address 111 WEST FORTUNE STREET TAMPA, FL 33602		
DO NOT WRITE IN THIS SPACE				
				 04192004 No Chg-P CR2E034 (10/03)
		4. FEI Number 59-3427863		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MANN, JOHN L 105 SOUTH FLORIDA AVE. LAKELAND, FL 33801		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>				
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
		U000000154545 05/05/04-80001-013 150.00		
10. OFFICERS AND DIRECTORS				
TITLE	PST			
NAME	CALLEN, ANDRE			
STREET ADDRESS	111 WEST FORTUNE STREET			
CITY - ST - ZIP	TAMPA, FL 33602			
TITLE				
NAME				
STREET ADDRESS				
CITY - ST - ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY - ST - ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY - ST - ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		Date: 5/22/04 Daytime Phone #		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				