

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90028 042 ***150.00

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1. Entity Name
C.R. DEVELOPMENT, INC.



Principal Place of Business
**269 S OSPREY AVE
STE 200
SARASOTA, FL 34236 US**

Mailing Address
**269 S OSPREY AVE
STE 200
SARASOTA, FL 34236 US**

60018683



01192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0751527** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HARTENSTINE, J. MICHAEL
200 SOUTH ORANGE AVE.
SUITE 1100
SARASOTA, FL 34236**

**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

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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **CHAPLIN, LEE H**
STREET ADDRESS **2912 JEFF MYERS CIRCLE**
CITY-ST-ZIP **SARASOTA, FL 34240**

TITLE **D**
NAME **RUSSELL, STEPHEN D**
STREET ADDRESS **269 S OSPREY AVE STE 200**
CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE
NAME
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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 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

Date

Daytime Phone #

1/20/06 **941 9533757**