


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

pg 1 of 2

<b>DOCUMENT # P98000067392</b> 1. Entity Name <b>CLR INTERNATIONAL, INC.</b>					
Principal Place of Business <b>14897 85TH RD. NORTH LOXAHATCHEE, FL 33470</b>			Mailing Address <b>14897 85TH RD N. LOXAHATCHEE, FL 33470</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0851745</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RANDLE, ROBERT K 14897 85TH RD. NORTH LOXAHATCHEE, FL 33470</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 <u><i>[Signature]</i></u> <b>PRESIDENT</b> <b>09/28/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>RANDLE, ROBERT K 14897 85TH RD N. LOXAHATCHEE, FL 33470</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>RANDLE, LYNN M 2912 LANGERINE LN. LAKE PARK, FL 33403</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>09/28/04</b> <b>(561) 252-2191</b> <small>Date Daytime Phone #</small>		

FILED

04 NOV 16 AM 10: 09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** **04**

09012004 Chg-P CR2E034 (10/03)



*[Handwritten initials]*

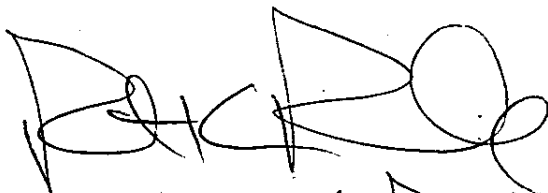
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**11/23/04--01052--010 \*\*150.00**

P98000067392  
CLR INTERNATIONAL, INC.  
14897 85TH RD N.  
LOXAHATCHEE FL 33470

PURSUANT TO 607.193(1)(b)

WE DID NOT RECV. THIS RENEWAL  
PRIOR TO MAY 1.

09/28/04 ~~RECEIVED~~ DELAYED DUE TO HURRICANE  
FRANCES + VEEANNE

  
ROBERT K. RANDLE  
PRESIDENT  
CLR INT. INC.