2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 05, 2004 8:00 am Secretary of State

DOCUMENT # P99000073035 1. Entity Name COMMUNITY RESPONSE CONSULTING, INC.						05-05-2004 90254 023 ***150.00			
Principal Plac	e of Business	Mailing Address			7				
4300 N.W. 23RD AVENUE 4300 N.W. 23RD AVENUE			VENUE						
SUITE 483	, , , , , , , , , , , , , , , , , , ,	SUITE 483							
GAINESVILLE	F, FL 32614	GAINESVILLE, FL 32614) 1864501 ht	, 8118 (214) 9811(88(# 88)				
		I - 1						1	
2. Principal Place of Business		3. Mailing Address			111 IIII IIII IIII IIII III	ii 11 jii 1 41116 iiii 14111 ii:1			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04292004	Chg-P	CR2E034 (10/0	3)	
City & State		City & State		4. FEI Number			Applied For		
7							Not Applicable		
Zip _.	Country	Zip_	Countr		5. Certificate o	f Status Desired	~\$8:75 / Fee Requ		
	6. Name and Address of Currer	nt Registered Agent			7. Name and A	Address of New R	Registered Agent		
IACOD A	AINE D			Name					
JACOB, ANNE R 2502 NW 58TH BLVD				Street Address (P.O. Box Number is Not Acceptable)					
GAINESVILLE, FL 32606									
				City			FL Zip C	ode	
8. The above	named entity submits this statement	for the purpose of changin	o its registere	d office or regi	stered agent, or both	in the State of Fig		th, and accept	
the obligat	named entity submits this statement tions of registered agent.	to the purpose of changin	g no rogiotoro	o omeo or regn	ateroa agont, or boar	, in the diate of the	onda. Tantianiilai Wi	in, and accept	
SIGNATURE									
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable.	(NOTE: Registered	Agent signature req	uired when reinstating)		DATE	·	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550	9. Election Cal Trust Fund (mpaign Finan Contribution.		\$5.00 May Be Added to Fees				
10.	OFFICERS AN	D DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	FICERS AND DIRECTO	ORS IN 11	
TITLE			TITLE				☐ Chang	e 🔲 Addition	
NAME	·		NAME	F					
STREET ADDRESS CITY-ST-ZIP	1			T ADDRESS ST-ZIP					
								. Distance	
TITLE NAME	buck		TITLE	l l			☐ Chang	e 🗌 Addition	
STREET ADDRESS	818 NW 202 ST			T ADDRESS					
CITY-ST-ZIP	NEWBERRY, FL 32669	_	CITY-	ST-ZIP					
TITLE	DST	Oelete	TITLE				☐ Chang	e 🔲 Addition	
NAME	ROLFE, CHERYL B		NAME						
STREET ADDRESS	818 NW 202 ST			TADDRESS					
CITY-ST-ZIP	NEWBERRY, FL 32669			ST-ZIP					
TITLE NAME	☐ Delete		TITLE Name	I		☐ Change		e 🗌 Addition	
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP				ST-ZIP					
TITLE		☐ Delete	TITLE				☐ Chang	e	
NAME			NAME				_ ~		
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP			CITY-	ST-ZIP					
TITLE		☐ Delete	TITLE				Chang	e 🗌 Addition	
NAME	1								
CTDCCT - CCC	1		NAME	l l					
STREET ADDRESS CITY-ST-ZIP			STREE	ET ADDRE\$\$ 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)(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:

SIGNATURE AND TYPED OR PRINTID NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #