

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2007 08:00 A
Secretary of State

DOCUMENT # P95000013917 1. Entity Name CRACKER PROPERTIES, INC.	
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Principal Place of Business 17 S. MAGNOLIA AVE. ORLANDO, FL 32801	Mailing Address 17 S. MAGNOLIA AVE. ORLANDO, FL 32801
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DO NOT WRITE IN THIS SPACE



03072007 No Chg-P CR2E034 (11/05)

4. FEI Number 62-1593109	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SHORES, WILLIAM L 3334 HORSESHOE BEND CT. LONGWOOD, FL 32779
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**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 _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000675754 03/30/07-20031-018 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	POT SHORES, WILLIAM L 3334 HORSESHOE BEND CT. LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TAGMAN, SUZANNE M 3326 WALD ROAD ORLANDO, FL 32806
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: <u>William L. Shores</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u>3/19/07</u> Date	 Daytime Phone #
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