I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPH DONALD CRAVEN II

Electronic Signature of Signing Officer/Director Detail

**Current Principal Place of Business:** 300 A1A BEACH BLVD. ST. AUGUSTINE BEACH, FL 32080

Entity Name: CRAVEN PROPERTIES LTD., INC.

## **Current Mailing Address:**

DOCUMENT# V22953

300 A1A BEACH BLVD. ST. AUGUSTINE BEACH. FL 32080 US

## FEI Number: 59-3093658

### Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

CRAVEN, J DII 300 A1A BEACH BLVD ST AUGUSTINE, FL 32080 US

**Officer/Director Detail :** SD

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.

#### SIGNATURE:

Title

Name	CRAVEN, ANA	Name	CRAVEN, DONALD JII
Address	300 A1A BEACH BLVD.	Address	300 A1A BEACH BLVD.
City-State-Zip:	ST AUGUSTINE BCH FL 32080	City-State-Zip:	ST AUGUSTINE BCH FL 32080

Title

PD

PRESIDENT

Certificate of Status Desired: No

FILED Sep 24, 2013 Secretary of State CC5504527675

09/24/2013

Date

# 2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

#### Date