

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90046 019 ***150.00

DOCUMENT # 336785

1. Entity Name
CRAVEN & CO INC



40002282



Principal Place of Business
**3707 W MCKAY AVE
TAMPA, FL 33609 US**

Mailing Address
**3707 W MCKAY AVE
TAMPA, FL 33609 US**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

01072005 Chg-P CR2E034 (10/03)

4. FEI Number
59-1221132

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**CRAVEN, RONALD R
3210 W FAIR OAKS AVE
TAMPA, FL 33611**

7. Name and Address of New Registered Agent
Name **CRAVEN, RONALD R.**
Street Address (P.O. Box Number is Not Acceptable)
3707 W. MCKAY AVE.
TAMPA, FL 33609-4519
City **FL** 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 _____
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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CRAVEN, RONALD R			NAME	CRAVEN, RONALD R.		
STREET ADDRESS	3210 W FAIR OAKS AVE			STREET ADDRESS	3707 W. MCKAY AVE.		
CITY-ST-ZIP	TAMPA, FL			CITY-ST-ZIP	TAMPA, FL 33609-4519		
TITLE	SD	<input type="checkbox"/> Delete		TITLE	SD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CRAVEN, LAURA M			NAME	CRAVEN, LAURA M.		
STREET ADDRESS	3210 W FAIR OAKS AV			STREET ADDRESS	3707 W. MCKAY AVE.		
CITY-ST-ZIP	TAMPA, FL			CITY-ST-ZIP	TAMPA, FL 33609-4519		
TITLE	VD	<input type="checkbox"/> Delete		TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CRAVEN, DANIEL R			NAME	CRAVEN, DANIEL R.		
STREET ADDRESS	3210 W FAIR OAKS AVE			STREET ADDRESS	3707 W. MCKAY AVE.		
CITY-ST-ZIP	TAMPA, FL 336112708			CITY-ST-ZIP	TAMPA, FL 33609-4519		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-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: Ronald R. Craven Pres. 1/11/05 813-879-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
RONALD R. CRAVEN