

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2008 08:00 A
Secretary of State

DOCUMENT # 509185

1. Entity Name
CRACO, INC.



Principal Place of Business Mailing Address
7724 WEXFORD WAY 7724 WEXFORD WAY
PORT ST LUCIE FL 34986-3007 PORT ST LUCIE FL 34986-3007
US US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E034 (10/07)

4. FEI Number **59-1696472** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRAMER, KENNETH
7724 WEXFORD WAY
PORT ST LUCIE FL 34986

Name
Street Address (P.O. Box Number is Not Acceptable)
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 _____ DATE _____
Signature typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when submitting)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD <input type="checkbox"/> Delete
NAME	CRAMER, KENNETH J.
STREET ADDRESS	7724 WEXFORD WAY
CITY- ST- ZIP	PORT ST LUCIE FL 34986
TITLE	S <input type="checkbox"/> Delete
NAME	CRAMER, ROCHELLE A.
STREET ADDRESS	7724 WEXFORD WAY
CITY- ST- ZIP	PORT ST LUCIE FL 34986
TITLE	D <input type="checkbox"/> Delete
NAME	CRAMER, ROCHELLE A.
STREET ADDRESS	7724 WEXFORD WAY
CITY- ST- ZIP	PORT ST LUCIE FL 34986
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
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TITLE	<input type="checkbox"/> Delete
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CITY- ST- ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY- ST- ZIP	

000000892039
04/23/08-80050-009 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Rochelle A. Cramer* **ROCHELLE A. CRAMER** 4/10/08 772/489-2449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #