2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 562664

FILED Feb 27, 2008 Secretary of State

Entity Nam	ne: CRAIG	CONRAD ENTERPRISES, INC.			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
2015 S.E. 7 OCALA, FL		T JS			
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
P.O. BOX 4 OCALA, FL		JS			
FEI Number:	59-2669658	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
CONRAD, (2015 S.E. 7 OCALA, FL	TH ST.	Js			
The above in the State		y submits this statement for the pu	rpose of changing its registered	office or registered agent, or both,	
SIGNATUR	E:				
	Electro	onic Signature of Registered Ager	nt	Date	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (CONRAD, CF 2015 S.E. 7T OCALA, FL 3	H STREET	Title: (Name: Address: City-St-Zip:) Change ()Addition	

 Title:
 V
 () Delete

 Name:
 CONRAD, THOMAS C

 Address:
 2015 SE 7TH ST

 City-St-Zip:
 OCALA, FL 34471 US

 Title:
 SEC.
 () Delete

 Name:
 CONRAD, JEAN C

 Address:
 2015 S.E. 7TH. ST.

 City-St-Zip:
 OCALA, FL 34478 US

Title: SEC. (X) Change () Addition

 Name:
 CONRAD, JEAN C

 Address:
 2015 SE 7TH ST

 City-St-Zip:
 OCALA, FL 34471 US

Title: SEC (X) Change () Addition

 Name:
 CONRAD, JEAN

 Address:
 2015 S.E. 7TH ST

 City-St-Zip:
 OCALA, FL 34478 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CRAIG M CONRAD PD 02/27/2008