

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 01, 2004 08:00 AM
Secretary of State

DOCUMENT # 653773

1. Entity Name
THE CRICKET BOX, INC.



Principal Place of Business
**405 E. SILVER SPRINGS BLVD.
SUITE B
OCALA, FL 34470 US**

Mailing Address
**405 E. SILVER SPRINGS BLVD.
SUITE B
OCALA, FL 34470 US**



01092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1970624

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RITTER, G. DON
703 SE FT KING ST
OCALA, FL**

**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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

000000100528
04/01/04-00011-005-150.00

10. OFFICERS AND DIRECTORS

TITLE	VDT
NAME	MORT, DOROTHY G.
STREET ADDRESS	4904 PRINCE EDWARD RD
CITY- ST- ZIP	JACKSONVILLE, FL 32210
TITLE	PDS
NAME	CARUTHERS, FRANCES W.
STREET ADDRESS	11294 N. HWY 301 PO BOX 118
CITY- ST- ZIP	OXFORD, FL 34484
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
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 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:

Frances W. Caruthers
Frances W. Caruthers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/04 (352) 629-7632
Date Daytime Phone #