

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 653773

FILED
Apr 06, 2005
Secretary of State

Entity Name: THE CRICKET BOX, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1970624

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VDT () Delete
Name: MORT, DOROTHY G.,
Address: 4904 PRINCE EDWARD RD
City-St-Zip: JACKSONVILLE, FL 32210

Title: PDS () Delete
Name: CARUTHERS, FRANCES W.,
Address: 11294 N. HWY 301 PO BOX 118
City-St-Zip: OXFORD, FL 34484

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: FRANCES W. CARUTHERS

PDS

04/06/2005

Electronic Signature of Signing Officer or Director

Date