

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2005 8:00 am
Secretary of State

07-25-2005 90098 030 ***150.00

DOCUMENT # 694039

1. Entity Name
CRICKET PONDS, INC.



Principal Place of Business
**3725 NW 31ST TERRACE
GAINESVILLE, FL 32605 US**

Mailing Address
**3725 NW 31ST TERRACE
GAINESVILLE, FL 32605 US**

50057321



2. Principal Place of Business
2312 NW 23rd Terrace

3. Mailing Address
2312 NW 23rd Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07192005 Chg-P CR2E034 (10/03)

City & State
Gainesville, FL 32605

City & State
Gainesville, FL 32605

4. FEI Number
59-2102040

Applied For

Not Applicable

Zip **32605** Country **USA**

Zip **32605** Country **USA**

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

6. Name and Address of Current Registered Agent

**HOLDEN, CHARLES I. JR
2772-S NW 43RD STREET
GAINESVILLE, FL 32606**

7. Name and Address of New Registered Agent

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

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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **JACOBSON, STANLEY Z.**
STREET ADDRESS **3725 NW 31ST TERRACE**
CITY-ST-ZIP **GAINESVILLE, FL 32606**

TITLE **VD** ☐ Delete
NAME **JACOBSON, LILA D.**
STREET ADDRESS **3725 NW 31ST TERRACE**
CITY-ST-ZIP **GAINESVILLE, FL 32606**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PDT** ☒ Change ☐ Addition
NAME **Jacobson, Stanley Z.**
STREET ADDRESS **2312 NW 23rd Terrace**
CITY-ST-ZIP **Gainesville, FL 32605**

TITLE **VDS** ☒ Change ☐ Addition
NAME **Jacobson, Lila D.**
STREET ADDRESS **2312 NW 23rd Terrace**
CITY-ST-ZIP **Gainesville, FL 32605**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Stanley Z. Jacobson, Pres.

7/19/05

352-374-3737

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #