

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 01, 2007 8:00 am
Secretary of State

06-01-2007 90002 019 ***550.00

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1. Entity Name
CRAIG/IS, LTD. CORPORATION



Principal Place of Business
**225 WATER STREET
STE. 1700
JACKSONVILLE, FL 32202**

Mailing Address
**225 WATER STREET
STE. 1700
JACKSONVILLE, FL 32202**

DO NOT WRITE IN THIS SPACE



05182007 No Chg-P CR2E034 (11/05)

4. FEI Number
11-3200449

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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 \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVT
CRAIG, JEFFREY
225 WATER STREET
JACKSONVILLE, FL 32202**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
CRAIG, JEFFREY
225 WATER STREET
JACKSONVILLE, FL 32202**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GLASSPIEGEL, HARRY
225 WATER STREET
JACKSONVILLE, FL 32202**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SMITH, ROBERT F
150 CALIFORNIA STREET, 19TH FLOOR
SAN FRANCISCO, CA 94111**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DAVIS, STEPHEN J
150 CALIFORNIA STREET, 19TH FLOOR
SAN FRANCISCO, CA 94111**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey A. Craig

Date

Daytime Phone #

5/22/07 904-807-2501