

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # F02000005084

1. Entity Name  
CRAIG TECHNICAL CONSULTING, INC.



Principal Place of Business  
107 BUCHANAN ST  
CAPE CANAVERAL, FL 32920 US

Mailing Address  
488 NORTH MAIN ST  
CANTON, IL 61520

**FILED**  
**Aug 27, 2008 08:00 AM**  
**Secretary of State**



07092008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 54-1935688	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

CRAIG, CAROL  
2090 EASTWOOD DR  
MERRITT ISLAND, FL 32952

**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 12, 2008**

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	CPST CRAIG, CAROL 2090 EASTWOOD DR MERRITT ISLAND, FL 32952
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U00000958480  
08/27/08-80003-027 550.00

**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, or in all other like empowered.

**SIGNATURE:**

*Carol M Craig*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/20/08 309-647-8508  
Date Daytime Phone #