


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90107 050 ***150.00

DOCUMENT # F04000000330	
1. Entity Name CRAFFEY & CO., INC.	

Principal Place of Business 10 CORDAGE PARK CIRCLE, STE. 231 PLYMOUTH, MA 02360	Mailing Address 10 CORDAGE PARK CIRCLE, STE. 231 PLYMOUTH, MA 02360
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50025851

2. Principal Place of Business 4 Court Street	3. Mailing Address 4 Court Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.



03092005 Chg-P CR2E034 (10/03)

City & State Plymouth, MA	City & State Plymouth, MA
Zip 02360	Zip 02360
Country	Country

4. FEI Number 04-3292541	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CAPITOL CORPORATE SERVICES, INC. 1333 N. DUVAL STREET TALLAHASSEE, FL 32303	
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11'		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DELLA CROCE, KENNETH J 181 BROOK STREET PLYMPTON, MA 02367	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	14 Commons Drive Carver, MA 02330	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST CRAFFEY, KEVIN M 59 PILL HILL LN DUXBURY, MA 02332	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ **3/9/05** **508-830-0630**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #