

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F65847

Entity Name: WM. E. CRAIG, INC.

FILED
Mar 19, 2009
Secretary of State

Current Principal Place of Business:

% WILLIAM E. CRAIG
756 WINDLASS WAY
SANIBEL, FL 33957

New Principal Place of Business:

% BARBARA K. CRAIG
756 WINDLASS WAY
SANIBEL, FL 33957

Current Mailing Address:

% WILLIAM E. CRAIG
756 WINDLASS WAY
SANIBEL, FL 33957

New Mailing Address:

% BARBARA K. CRAIG
756 WINDLASS WAY
SANIBEL, FL 33957

FEI Number: 59-2159188

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAIG, BARBARA
756 WINDLASS WAY
SANIBEL, FL 33957 US

Name and Address of New Registered Agent:

CRAIG, BARBARA K
756 WINDLASS WAY
SANIBEL, FL 33957 US

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: BARBARA K CRAIG

03/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: TP () Delete
Name: CRAIG, BARBARA K.,
Address: 756 WINDLASS WAY
City-St-Zip: SANIBEL, FL 33957

Title: V () Delete
Name: CRAIG, JOSEPH
Address: 18150 PARKRIDGE COURT
City-St-Zip: FORT MYERS, FL 33908

Title: S () Delete
Name: PINDLE, WILLIAM F JR
Address: 14951 VISTA VIEW WAY 805
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 exemption stated 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 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: BARBARA K CRAIG

P

03/19/2009

Electronic Signature of Signing Officer or Director

Date