2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 03, 2006 08:00 AM DOCUMENT # G73854 **Secretary of State** 1. Entity Name MCCRAW ENTERPRISES, INC. Principal Place of Business Mailing Address 13737 US HWY 301 NORTH PARRISH FL 34219-8653 13737 US HWY 301 NORTH PARRISH FL 34219-8663 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Strite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0225818 Not Applicat Zιρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCCRAW, WALKER Street Address (P.O. Box Number is Not Acceptable) 13737 US HWY 301 NORTH PARRISH FL 34219-8663 City 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 access the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rainstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May E After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TOTOE Addilio Change NAME MCCRAW, WALKER NAME U00000420258 STREET ADORESS 13737 US HIGHWAY 301 NORTH STREET ADDRESS 02/15/06-80048-002 150.90 CITY-\$1-ZIP PARRISH FL 34219-8663 CITY-ST-ZIP TITLE STD ☐ Defete HILL ☐ Change ☐ Addition MARKE MCCRAW, PEARL STREET ADDRESS 13737 US HIGHWAY 301 NORTH SCHEET ADDRESS CITY-ST-ZIP PARRISH FL 34219-8663 City-ST-Zie mE ☐ Delete Trille Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete THE ☐ Change ☐ Add** NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 3113.5 Delete THEE ☐ Change Addilio NAME NAME STREET ADURESS STREET ADDRESS CATY-ST-ZIP CHTY - ST - ZIF TITLE ☐ Delete HILE □ Adam ☐ Change MARTE NAME STREET ACORESS STREET ADDRESS CITY-ST-ZIP

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 eath; 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.

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes, I turther certify that the information

SIGNATURE: Teast mo Coace

1-31-06 941-776-8743

FILED