
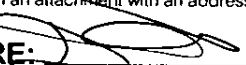


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90060 039 ***150.00

DOCUMENT # H34184 1. Entity Name DANIEL CRAPPS AGENCY, INC.					
Principal Place of Business 2806 W US 90, SUITE 101- LAKE CITY, FL 32055 US			Mailing Address 2806 W US 90, SUITE 101- LAKE CITY, FL 32055 US		
2. Principal Place of Business - No P.O. Box # 164 NW MADISON ST Suite, Apt. #, etc. SUITE 102 City & State LAKE CITY FL Zip 32055 Country USA		3. Mailing Address PO Box 3659 Suite, Apt. #, etc. City & State LAKE CITY FL Zip 32056 Country USA			
4. FEI Number 59-2478553					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent CRAPPS, DANIEL 2806 W US 90- SUITE 101 LAKE CITY, FL 32055			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 164 NW MADISON ST SUITE 102 City LAKE CITY FL Zip Code 32055		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE	PD	CRAPPS, DANIEL	<input type="checkbox"/> Delete	STREET ADDRESS	PO Box 3659
CITY-ST-ZIP	LAKE CITY, FL	32055	32056		
TITLE			<input type="checkbox"/> Delete	STREET ADDRESS	
CITY-ST-ZIP					
TITLE			<input type="checkbox"/> Delete	STREET ADDRESS	
CITY-ST-ZIP					
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CITY-ST-ZIP					
TITLE			<input type="checkbox"/> Delete	STREET ADDRESS	
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	
CITY-ST-ZIP					
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	
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CITY-ST-ZIP					
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	
CITY-ST-ZIP					
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:  DANIEL CRAPPS PRESIDENT 3/15/07 386-755-5710 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

40037000



03132007 Chg-P CR2E034 (12/06)

4. FEI Number
59-2478553

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 164 NW MADISON ST
 SUITE 102
 City LAKE CITY FL Zip Code 32055

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.

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9. Election Campaign Financing
 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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