2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 06, 2004 08:00 AM DOCUMENT # K59287 1. Entity Name **Secretary of State** JIM & RUTH CRADDOCK INC. Principal Place of Business Mailing Address 3610 FISCAL COURT RIVIERA BEACH FL 33404 6820 140 LANE WEST PALM BEACH FL 33418 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0096831 Not Applicable Zip Country Zip 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 CRADDOCK, RUTH Street Address (P.O. Box Number is Not Acceptable) 6820 140 LANE NO WEST PALM BEACH FL 33418 City Zip Code 8. The above named enjity submits this statement for the purpose et 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. Delete TITLE TITLE Change Addition NAME CRADDOCK, JIM NAME U00000038518 3610 FISCAL COURT STREET ADDRESS STREET ADDRESS 02/06/04-80143-001 150.00 CITY - ST - ZIP RIVIERA BEACH FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME CRADDOCK, RUTH NAME 3610 FISCAL COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP RIVIERA BEACH FL CITY-ST-ZIP TITLE STD ☐ Delete TITLE Change ☐ Addition NAME CRADDOCK, RUTH MAME STREET ADDRESS 3610 FISCAL COURT STREET ADDRESS CITY-ST-ZIP RIVERA BEACH FL 33458 CITY-ST-ZIP TITLE ☐ Delete DILF Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. Thereby 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

of the corporation or the receiphanged, or on an attachmen

SIGNATURE: