2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L55362

Address:

City-St-Zip:

1825 EDGEWATER DR.

SARASOTA, FL

Entity Name: CRAVATS', INC.

FILED Apr 25, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:	
	SOTA QUAY	US		1530 DOLPHIN STREET	
SARASOTA	A, FL 34236			SUITE 5 SARASOTA, FL 34236	US
Current Mailing Address:				New Mailing Address:	
3400 S. TA	ERSON F. RIDE MIAMI TRAIL, S A, FL 34239			C/O RIDDELL LAW GRC 3400 S. TAMIAMI TRAIL, SARASOTA, FL 34239	
FEI Number:	65-0185550	FEI Number Applied For ()	FEI Nui	mber Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent: N				Name and Address of New Registered Agent:	
RIDDELL, JEFFERSON F 3400 S. TAMIAMI TRAIL SUITE 202 SARASOTA, FL 34239 US					
The above in the State		ubmits this statement for the p	urpose o	of changing its registered o	ffice or registered agent, or both,
SIGNATUR	RE:				
Electronic Signature of Registered Agent					Date
Election Carr	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DPT () I BATTIE, HENRY 1825 EDGEWAT SARASOTA, FL			Title: () Name: Address: City-St-Zip:	Change () Addition
Title: Name:	DSV () I BATTIE, ALICE J	Delete		Title: () Name:	Change () Addition

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HENRY BATTIE DPT 04/25/2005