


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90051 012 \*\*\*150.00

<b>DOCUMENT # L79317</b> 1. Entity Name <b>CRICKET SHOP CORPORATION</b>	
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Principal Place of Business <b>1161 SUN CENTURY RD., #2 NAPLES FL 34110 US</b>	Mailing Address <b>1161 SUN CENTURY RD., #2 NAPLES FL 34110 US</b>
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2. Principal Place of Business <b>28210 OLD 41 RD. #309</b> Suite, Apt. #, etc. <b>#309</b> City & State <b>Bonita Springs FL</b> Zip <b>34135</b> Country <b>US</b>	3. Mailing Address <b>28210 OLD 41 RD.</b> Suite, Apt. #, etc. <b>#309</b> City & State <b>Bonita Springs FL</b> Zip <b>34135</b> Country <b>US</b>
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1st MOORE CR2E034 (10/04)

4. FEI Number <b>65-0197290</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>JOHNSON, JEFFREY J. 1161 SUN CENTURY ROAD #2 NAPLES FL 34110</b>	
7. Name and Address of New Registered Agent - Name <b>Johnson, Jeffrey J.</b> Street Address (P.O. Box Number is Not Acceptable) <b>28210 OLD 41 RD. #309</b> City <b>Bonita Springs</b> FL Zip Code <b>34135</b>	

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:  **Jeffrey Johnson** 1/25/05  
(NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, WILLIAM D 22674 LAKEVIEW PORT CHARLOTTE FL 33948 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOHNSON, JEFFREY J. 28730 DIAMOND DR BONITA SPRINGS FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COX, DAWN JOHNSON 1989 IMPERIAL GOLF COURSE BLVD. NAPLES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COX, DAVID B. 1989 IMPERIAL GOLF COURSE BLVD NAPLES FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **David Cox** 1/25/05 239-566-3232  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #