

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L79317

1. Entity Name

CRICKET SHOP CORPORATION



Principal Place of Business

28210 OLD 41 RD #309
BONITA SPRINGS FL 34135
US

Mailing Address

28210 OLD 41 RD #309
BONITA SPRINGS FL 34135
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FEI Number

65-0197290

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, JEFFREY J.
28210 OLD 41 RD #309
BONITA SPRINGS FL 34135

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 accept the obligations of registered agent

SIGNATURE

Signature typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May 1
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME JOHNSON, WILLIAM D
STREET ADDRESS 22674 LAKEVIEW
CITY-ST-ZIP PORT CHARLOTTE FL 33948

TITLE SD ☐ Delete
NAME JOHNSON, JEFFREY J.
STREET ADDRESS 28730 DIAMOND DR
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE TD ☐ Delete
NAME COX, DAWN JOHNSON
STREET ADDRESS 1989 IMPERIAL GOLF COURSE BLVD.
CITY-ST-ZIP NAPLES FL

TITLE PD ☐ Delete
NAME COX, DAVID B.
STREET ADDRESS 1989 IMPERIAL GOLF COURSE BLVD
CITY-ST-ZIP NAPLES FL 34110

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Jeffrey J. Johnson JEFF JOHNSON

2-6-06 239-992-451