FILED Jan 31, 2007 08:00 AM Secretary of State

2007 FOR PROFI ANNUAL		J		
DOCUMENT # L85090 1. Entity Name CRAIG'S CUSTOM CANVAS, INC.				
Principal Place of Business	Mailing Address	.==:	1	
C/O CRAIG R. GRIFFITH 301 NE RIVER DRIVE DEERFIELD BEACH, FL 33441-2059 US	%CRAIG R GRIFFITH 301 N.E. RIVER DRIVE DEERFIELD BEACH, FL 33441	US	or	
			01252007	١
DO NOT WRITE	IN THIS SPACE	GE	4. FEI Number 65-02039	1
			5. Certificate of 5	Sta
6. Name and Address of Current	Registered Agent			ar ec

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		ÇE	4. FEI Numbe 65-0203			Applied For Not Applicable		
					of Status Desired	\$8.7	5 Additional	
	6. Name and Address of Current Regis	tared Leant		3. Cartilicata	u accessor in the second of th	Fee F	Required	
	o. Hame and Address of Ourient News	KEI EU AGEIR	,	•				
GRIFFITH, CRAIG R 301 NE RIVER DR				DO	NOT W	RITE		
DEERFIELD BEACH, FL 33441			IN THIS SPACE					
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8. The above the obligate	named entity submits this statement for the patient of registered agent.	ourpose of changing its registere	ad office or registe	red agent, or both	n, in the State of Flo	rida. I am familia	ar with, and accept	
	Signature, typed or printed name of registered agent and title	if applicable. (NCTE, Registere	d Agent signature require	d when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.		~ _ ~	.00 May Be ded to Fees		<u>-</u> .			
10. OFFICERS AND DIRECTORS						ADIT TO SECURITION OF SECURITI		
TITLE	D CDIEFER CRAIC B			•		=		
NAME STREET ADDRESS	GRIFFITH, CRAIG R 301 NE RIVER DR				000000 -02/06/07	613981		
CITY-ST-ZIP	DEERFIELD BEACH, FL			• •• •	02/06/07-	·80008-00;	2 150.00	
and			•		* **			
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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.

1111 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP