


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L98690</b>	
1. Entity Name <b>CRAIG CATAMARAN CORPORATION</b>	

Principal Place of Business <b>4333 SILVER STAR ROAD UNIT 100 ORLANDO, FL 32808 US</b>	Mailing Address <b>4333 SILVER STAR ROAD UNIT 100 ORLANDO, FL 32808 US</b>
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01122007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3022387</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>CRAIG, ROBERT W. 4333 SILVER STAR ROAD UNIT 100 ORLANDO, FL 32808</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CRAIG, ROBERT W. 4333 SILVER STAR RD., UNIT 100 ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CRAIG, EVANA 4333 SILVER STAR RD., UNIT 100 ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ERIK, CRAIG 4333 SILVER STAR RD., UNIT 100 ORLANDO, FL 32808
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01/16/07-80030-020 150.00

**DO NOT WRITE  
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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.

SIGNATURE: Evana Craig **EVANA CRAIG** 1-12-07 407-290-8778  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #