

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2004 8:00 am
Secretary of State

04-06-2004 90027 001 ***150.00

DOCUMENT # M62316

1. Entity Name
CROYDEN ARMS, INC.



Principal Place of Business

3720 COLLINS AVE
MIAMI, FL 33140

Mailing Address

P.O. BOX 401341
MIAMI, FL 33140

44025100



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

04012004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-0018442

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

CLAMMER, JR., G. RICHARD
3720 COLLINS AVE.
MIAMI BEACH, FL 33040

7. Name and Address of New Registered Agent

Name **RAINES, ALAN P.**

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

3720 COLLINS AVE.

City **MIAMI BEACH**

FL

Zip Code
33040

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/1/04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME CLAMMER, JR., G RICHARD
STREET ADDRESS 3720 COLLINS AVE.
CITY-ST-ZIP MIAMI BEACH, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 P/D ☐ Change ☒ Addition
NAME RAINES, ALAN P.
STREET ADDRESS 14 SUNNYSIDE WAY
CITY-ST-ZIP NEW ROCHELLE, NY 10804

TITLE S/D ☐ Change ☒ Addition
NAME FISCHER, WILLIAM L.
STREET ADDRESS 29 BURKEWOOD ROAD
CITY-ST-ZIP HARTSDALE, NY 10530

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/04

212-953-9200