

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**


**FILED**  
**Mar 30, 2004 8:00 am**  
**Secretary of State**

03-30-2004 90011 005 \*\*\*\*61.25

94039776



MOORE CR2E037 (11/03)

<b>DOCUMENT # N03000006503</b>			
1. Entity Name <b>CRAIG BUSINESS PARK ASSOCIATION, INC.</b>			
Principal Place of Business <b>10526 CRAIG INDUSTRIAL DRIVE JACKSONVILLE FL 32235</b>		Mailing Address <b>10526 CRAIG INDUSTRIAL DRIVE JACKSONVILLE FL 32235</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>MOORE, JONNY D 10526 CRAIG INDUSTRIAL DRIVE JACKSONVILLE FL 32235</b>		Name Street Address (P.O. Box Number is Not Acceptable) City	
		<b>FL</b>   Zip Code	

4. FEI Number <b>20-0730553</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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 \$61.25  
Due By May 1, 2004**

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>MOORE, JONNY D</b> <b>10526 CRAID INDUSTRIAL DR. P.O. BOX 350579</b> <b>JACKSONVILLE FL 32235-0579</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>MOORE, BARBARA A</b> <b>10526 CRAID INDUSTRIAL DR. P.O. BOX 350579</b> <b>JACKSONVILLE FL 32235-0579</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MOORE, JASON SCOTT</b> <b>10526 CRAID INDUSTRIAL DR. P.O. BOX 350579</b> <b>JACKSONVILLE FL 32235-0579</b>	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
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 617, 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:** Jonny D Moore **3-26-04** **904-645-6807**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #