


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000006503 1. Entity Name CRAIG BUSINESS PARK ASSOCIATION, INC.	
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Principal Place of Business 10526 CRAIG INDUSTRIAL DRIVE JACKSONVILLE, FL 32235	Mailing Address 10526 CRAIG INDUSTRIAL DRIVE JACKSONVILLE, FL 32235
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DO NOT WRITE IN THIS SPACE



01212005 No Chg-NP CR2E037 (10/03)

4. FEI Number 20-0730553	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MOORE, JONNY D
10526 CRAIG INDUSTRIAL DRIVE
JACKSONVILLE, FL 32235

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 re-registering) DATE _____

Filing Fee is \$61.25
Due by May 1, 2005

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	PD MOORE, JONNY D 10526 CRAID INDUSTRIAL DR. P.O. BOX 350579 JACKSONVILLE, FL 322350579
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MOORE, BARBARA A 10526 CRAID INDUSTRIAL DR. P.O. BOX 350579 JACKSONVILLE, FL 322350579
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, JASON SCOTT 10526 CRAID INDUSTRIAL DR. P.O. BOX 350579 JACKSONVILLE, FL 322350579
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/29/05-80022-012 61.25

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 1-26-05 904-645-6807
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #