


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90009 031 \*\*\*\*61.25

<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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		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</b> <b>10526 CRAIG INDUSTRIAL DRIVE</b> <b>JACKSONVILLE, FL 32235</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b>	
				Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>MOORE, JONNY D</b>		NAME		
STREET ADDRESS	<b>10526 CRAID INDUSTRIAL DR. P.O. BOX 350579</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE, FL 322350579</b>		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>MOORE, BARBARA A</b>		NAME		
STREET ADDRESS	<b>10526 CRAID INDUSTRIAL DR. P.O. BOX 350579</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE, FL 322350579</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>MOORE, JASON SCOTT</b>		NAME		
STREET ADDRESS	<b>10526 CRAID INDUSTRIAL DR. P.O. BOX 350579</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE, FL 322350579</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 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.					
<b>SIGNATURE:</b> <u><i>Jonny D Moore</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>3-20-06</u> Daytime Phone #: <u>904-645-6807</u>		

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4. FEI Number **20-0730553** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**