


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR).

FILED
May 27, 2004 8:00 am
Secretary of State

04-30-2004 90259 048 ***150.00

DOCUMENT # P00000076604 1. Entity Name CRATERS AND FREIGHTERS OF SOUTHWEST FLORIDA, INC.					
Principal Place of Business 1136 NE PINE ISLAND ROAD SUITE 37 CAPE CORAL FL 33909			Mailing Address 8330 LITTLETON ROAD NORTH FORT MYERS FL 33903		
2. Principal Place of Business Suite, Apt. #, etc. Suite 37		3. Mailing Address 1136 NE Pine Island Rd Suite 37			
City & State Cape Coral FL		City & State Cape Coral FL		4. FEI Number 65-1041457 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 33909	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MYHRE, RICHARD 8330 LITTLETON ROAD NORTH FORT MYERS FL 33903				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP V MYHRE, RICHARD 8330 LITTLETON ROAD NORTH FORT MYERS FL 33903	<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 PST STORRY, EUGENE 1136 N.E. PINE ISLAND RD CAPE CORAL FL 33909	<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	
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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			5/24/04 239 772-3100 <small>Date Daytime Phone #</small>		

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MOORE CR2E034 (11/03)