


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 07, 2007 8:00 am
Secretary of State

08-07-2007 90029 002 ***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 1136 NE PINE ISLAND ROAD SUITE 37 CAPE CORAL FL 33909
---	---



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

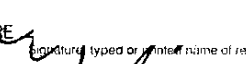
2nd MOORE CR2E034 (4/07)

4. FEI Number 651041457	Applied For <input type="checkbox"/> Not Applicable
--------------------------------	--

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	
---	--

8. The above named entity submits this statement for the purpose of changing its registered agent.	pt
SIGNATURE 	DATE 8-2-07

FILE NOW!!! FEE IS \$550.00 DUE BY September 5, 2007 Make Check Payable to Florida Department of State	S. 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	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 V	NAME MYHRE, RICHARD	TITLE Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS 8330 LITTLETON ROAD	CITY-ST-ZIP NORTH FORT MYERS FL 33903	STREET ADDRESS	CITY-ST-ZIP
TITLE PST	NAME STORRY, EUGENE	TITLE Change	<input type="checkbox"/> Addition
STREET ADDRESS 1136 N.E. PINE ISLAND RD	CITY-ST-ZIP CAPE CORAL FL 33909	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	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 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	
Date	Daytime Phone #