


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91254 019 ***150.00

DOCUMENT # P00000104154 1. Entity Name CRG DRAFTING, INC.																											
Principal Place of Business 2491 OMAHA DRIVE DELTONA, FL 32738		Mailing Address 2491 OMAHA DRIVE DELTONA, FL 32738																									
2. Principal Place of Business 20 BONITA ROAD Suite, Apt. #, etc.		3. Mailing Address 20 BONITA ROAD Suite, Apt. #, etc.																									
City & State DEBARY, FLORIDA Zip 32713		City & State DEBARY, FLORIDA Zip 32713																									
Country VOLVISA		Country VOLVISA																									
4. FEI Number 59-3686402		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 GILES, CYNTHIA R 2491 OMAHA DRIVE DELTONA, FL 32738		7. Name and Address of New Registered Agent Name GILES, CYNTHIA R. Street Address (P.O. Box Number is Not Acceptable) 20 BONITA ROAD City DEBARY FL Zip Code 32713																									
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 <u><i>Cynthia R. Giles</i></u> DATE <u>4/29/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PSTD</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GILES, CYNTHIA R</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2491 OMAHA DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DELTONA, FL 32738</td> <td></td> </tr> </table>		TITLE	PSTD	<input type="checkbox"/> Delete	NAME	GILES, CYNTHIA R		STREET ADDRESS	2491 OMAHA DRIVE		CITY-ST-ZIP	DELTONA, FL 32738		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PSTD</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>GILES, CYNTHIA R.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>20 BONITA ROAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DEBARY, FL. 32713</td> <td></td> </tr> </table>		TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	GILES, CYNTHIA R.		STREET ADDRESS	20 BONITA ROAD		CITY-ST-ZIP	DEBARY, FL. 32713	
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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: <u><i>Cynthia R. Giles</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4/29/04</u> <u>386-216-7478</u> <small>Date Daytime Phone #</small>																									