


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90208 032 ***150.00

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| DOCUMENT # P00000104154 | | | |  | |
| 1. Entity Name CRG DRAFTING, INC. | | | | | |
| Principal Place of Business 20 BONITA RD. DEBARY, FL 32713 | | | Mailing Address 20 BONITA RD. DEBARY, FL 32713 | | |
| 2. Principal Place of Business 970 SAXON BLVD. | | 3. Mailing Address 970 SAXON BLVD. | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State DELTONA, FL. | | City & State DELTONA, FL. | | 4. FEI Number 59-3686402 | |
| Zip 32725 | | Country U.S.A. | | Applied For <input type="checkbox"/> Not Applicable | |
| Zip 32725 | | Country U.S.A. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GILES, CYNTHIA R 20 BONITA RD. DEBARY, FL 32713 | | | 7. Name and Address of New Registered Agent Name GILES, CYNTHIA R. Street Address (P.O. Box Number is Not Acceptable) 970 SAXON BLVD. City DELTONA FL 32725 | | |
| 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. Miles</i></u> DATE <u>4/26/05</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, 2005 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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD GILES, CYNTHIA R 20 BONITA RD. DEBARY, FL 32713 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD. GILES, CYNTHIA R. 970 SAXON BLVD. DELTONA, FL. 32725 <input checked="" 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 | |
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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. Miles</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date <u>4/26/05</u> Daytime Phone # <u>386-574-3633</u> | | |