

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000044763**

1. Entity Name  
**CRAVERO SERVICES INCORPORATED**



Principal Place of Business  
**6741 MESA VERDE ST.  
PORT RICHEY, FL 34668**

Mailing Address  
**6741 MESA VERDE ST.  
PORT RICHEY, FL 34668**



03012006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3722953**

Applied For
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CRAVERO, RALPH V II  
6741 MESA VERDE ST.  
PORT RICHEY, FL 34668**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PT
NAME	CRAVERO, RALPH V
STREET ADDRESS	6741 MESA VERDE ST.
CITY - ST - ZIP	PORT RICHEY, FL 34668

TITLE	VPS
NAME	SCRAVERO, SHANNON
STREET ADDRESS	6741 MESA VERDE ST.
CITY - ST - ZIP	PORT RICHEY, FL 34668

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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05/02/06-80120-014 158.75

**DO NOT WRITE  
IN THIS SPACE**

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: Shannon Cravero Shannon Cravero

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-06

Date

Daytime Phone #