

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000092048**

1. Entity Name  
**CRAIN ENTERPRISES, INC.**



Principal Place of Business  
**95 MANOR WAY  
DRUMMONDS, TN 38023**

Mailing Address  
**95 MANOR WAY  
DRUMMONDS, TN 38023**



01172006 No Chg P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 1  
**22-3866270** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

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

**RESIDENT AGENT CORPORATION OF PINELLAS COU  
NTY  
980 TYRONE BLVD  
ST PETERSBURG, FL 33710**

**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	D
NAME	CRAIN, THOMAS M
STREET ADDRESS	95 MANOR WAY
CITY-ST-ZIP	DRUMMONDS, TN 38023
TITLE	D
NAME	O'STEEN, KIRBY L
STREET ADDRESS	850 RIVER COUNTRY ESTATES
CITY-ST-ZIP	GLENN ST. MARY, FL 32040
TITLE	D
NAME	LINSLEY, JOHN W
STREET ADDRESS	7784 CATHERINE CT
CITY-ST-ZIP	MACCLENNY, FL 32063
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000511514  
04/29/06-80051-020 150.00

**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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Apr 17, 2006**

Date

Daytime Phone #

901  
**835 446**