2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 18, 2005 08:00 AM Secretary of State

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DOCUMENT # P02000110258 I Entity Name CRETANJIM, INC. Previous Place of Business 1605 BROKSDIC CR. E. 3 Mailing Address 1605 BROKSDIC CR. E. 3 Mailing Address 3 Mailing Address 1605 BROKSDIC CR. E. 3 Mailing Address 4 PEN Nomber Solito, April M. etc. O1112005 Chg.P. GR2E004 (10/03) 2 PO Country 2 D Country 3 Country 4 PEN Nomber To Country 5 Country 5 Country 6 Country 7 Rame and Address of New Registered Agent CARTER, GRETA 1005 BROKSDIDE CR. E. 3 Address of Current Registered Agent CARTER, GRETA 1005 BROKSDIDE CR. E. 3 Stord Address of New Registered Agent CARTER, GRETA 1005 BROKSDIDE CR. E. 3 Stord Address of New Registered Agent CARTER, GRETA 1005 BROKSDIDE CR. E. 3 Stord Address of New Registered Agent CARTER, GRETA 1005 BROKSDIDE CR. E. 3 Stord Address of New Registered Agent CARTER, GRETA 1005 BROKSDIDE CR. E. 3 Stord Address of New Registered Agent CARTER, GRETA 1005 BROKSDIDE CR. E. 3 Stord Address of New Registered Agent CARTER, GRETA 1005 BROKSDIDE CR. E. 3 Stord Address of New Registered Agent CARTER, GRETA 1005 BROKSDIDE CR. E. 3 Stord Address of New Registered Agent CARTER, GRETA 1006 BROKSDIDE CR. E. 3 Stord Address of New Registered Agent CARTER, GRETA 1006 BROKSDIDE CR. E. 3 Stord Address of New Registered Agent CARTER, GRETA 1007 BROKSDIDE CR. E. 3 Stord Address of New Registered Agent CARTER, GRETA 1007 BROKSDIDE CR. E. 3 Stord Address of New Registered Agent CARTER, GRETA 1007 BROKSDIDE CR. E. 3 Stord Address of New Registered Agent CARTER, GRETA 1007 BROKSDIDE CR. E. 3 Stord Address of New Registered Agent CARTER, GRETA 1007 BROKSDIDE CR. E. 3 Stord Address of New Registered Agent CARTER, GRETA 1007 BROKSDIDE CR. E. 3 Stord Address of New Registered Agent CARTER, GRETA 1007 BROKSDIDE CR. E. 3 Stord Address of New Registered Agent CARTER, GRETA 1007 BROKSDIDE CR. E. 3 Stord Address of New Registered Agent CARTER, GRETA 1007 BROKSDIDE CR. E. 3 Stord Address of New Registered Agent CARTER, GRETA 1007 BROKSDIDE CR. E	ANNUAL REPURI				Secretary of State	
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1905 BROOKSDE CIR. E. ARCHARD	Principal Plac	e of Business	Mailing Address			
Solid April 4, etc. Sulta	1605 BROOKSIDE CIR. E.		1605 BROOKSIDE CIR.			
City & State	2. Principal Place of Business		3. Mailing Address			
The above named only submits this statement for the purpose of changing its registered agent, or both, in the State of Finds. I am familier with, and accept more obligations of registered agent. Street Address (P.O. Box Number is Not Acceptable)	Surte, Apt #, etc		Suite, Apt. #, etc.		01112005 Chg-P CR2E034 (10/03)	
Country	City & State		City & State			
CARTER, GRETA 1605 BROOKSIDE CIR. E. JACKSONVILLE, FL 32207 8. The above named ontry submits this statement for two purpose of changing its registered office or registered agent, or both, in the Statu of Florids. I am familiar with, and accept row obligations or registered agent, or both, in the Statu of Florids. I am familiar with, and accept row obligations or registered agent, or both, in the Statu of Florids. I am familiar with, and accept row obligations or registered agent, or both, in the Statu of Florids. I am familiar with, and accept row obligations or registered agent, or both, in the Statu of Florids. I am familiar with, and accept row obligations or registered agent, or both, in the Statu of Florids. I am familiar with, and accept row obligations or registered agent, or both, in the Statu of Florids. I am familiar with, and accept row obligations or registered agent, or both, in the Statu of Florids. I am familiar with, and accept row obligations or registered agent, or both, in the Statu of Florids. I am familiar with, and accept row obligations or registered agent, or both, in the Statu of Florids. I am familiar with, and accept row obligations or registered agent, or both, in the Statu of Florids. I am familiar with, and accept row obligations or registered agent, or both, in the Statu of Florids. I am familiar with, and accept row obligations or registered agent, or both, in the Statu of Florids. I am familiar with, and accept row obligations or registered agent, or both, in the Statu of Florids. I am familiar with, and accept row obligations or registered agent, or both, in the Statu of Florids. I am familiar with, and accept row obligations or registered agent, or both, in the Statu of Florids. I am familiar with, and accept row obligations or registered agent, or both, in the Statu of Florids. I am familiar with, and accept row obligations or registered agent, or both, in the Statu of Florids. I am familiar with, and accept row obligations or registered agent, or both, in the Statu of Flori	Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional	
CARTER, GRETA 10.		6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	
Sireet Address (P.O. Box Number is Not Acceptable) City City FL Zio Code FL Zio Code City FL Zio Code City FL Zio Code FL Zio Code City FL Zio Code FL				Name		
8. The above named onity submits this statement for the outpose 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. Signific. Signific. The provided agent and tree is approache. In the control of the provided agent and tree is approache. FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE DATE OFFICERS AND DIRECTORS IN 11 THE NAME CARTER, GRETA 1605 BROOKSIDE CIR. E. SITET ADDRESS OFFI-ST-2P UNDOB 183920 IN STEEL ADDRESS OFFI-ST-2P IN STEEL ADDRES	1605 BROOKSIDE CIR. E.			Street Address	(P.O. Box Number is Not Acceptable)	
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12. Thereby 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 of IM becauting when the property as required by Charles 80.7 Bodds 31.00 and that my appears in Plant 13.00 and 15.00 a	CITY-ST-ZIP			CIFY-ST-ZIP		
	12. I hereby indicated of the co	certify that the information supplied with on this report or supplemental report is received of the receiver o	this filing does not qualify for strue and accurate and that n	r the exemption stated in t ny signature shall have the as required by Chapter 8	Section 119.07(3)(i), Florida Statutes. I further certify that the information e same legal effect as if made under oath; that I am an officer or director O7. Florida Statutes, and that my page appages in Block 10 or Block 11.00	