

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90037 029 ***150.00

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1. Entity Name

CRAIG JORDAN ENTERPRISES, INC.



Principal Place of Business

1462 PROPER STREET
PORT CHARLOTTE FL 33952
US

Mailing Address

1462 PROPER STREET
PORT CHARLOTTE FL 33952
US

24032722



MOORE

CR2E034 (11/03)

2. Principal Place of Business

17500 Seymour Ave
Suite, Apt. #, etc.

3. Mailing Address

17500 Seymour Ave
Suite, Apt. #, etc.

City & State

Port Charlotte FL

City & State

Port Charlotte, FL

4. FEI Number

81-0603103

Applied For

Not Applicable

Zip

33953

Country

Charlotte

Zip

33953

Country

Charlotte

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JORDAN, CRAIG A
1462 PROPER STREET
PORT CHARLOTTE FL 33952

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Craig A. Jordan President

3/31/04

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME JORDAN, CRAIG
STREET ADDRESS 1462 PROPER STREET
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE D ☐ Delete
NAME JORDAN, ELIZABETH
STREET ADDRESS 1462 PROPER STREET
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Craig A. Jordan
Signature and typed or printed name of signing officer or director

3/31/04

Date

(941) 624-6853

Daytime Phone #