2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004
Secretary of State

DOCUMENT# P03000050195

Entity Name: C.R.A.P.P.S., INC.

Current Principal Place of Business:

520 FIRST STREET SOUTH
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

1817 TWELVE OAKS LANE W
NEPTUNE BEACH, FL 32266

Current Mailing Address:

520 FIRST STREET SOUTH
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

1817 TWELVE OAKS LANE W
NEPTUNE BEACH, FL 32266

FEI Number: 35-2203481 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARPER, TERRY
520 FIRST STREET SOUTH
JACKSONVILLE BEACH, FL 32250

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ROBB, PETER
Address: 520 FIRST STREET SOUTH
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: TSD ( ) Delete
Name: HARPER, TERRY
Address: 1407 SOUTH FIRST STREET
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ROBB, PETER
Address: 1817 TWELVE OAKS LANE W
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER ROBB PD 04/27/2004

Electronic Signature of Signing Officer or Director — Date