2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2005 8:00 am
Secretary of State
03-01-2005 90069 023 ***150.00

66010401

1st MOORE CR2E034 (10/04)

DOCUMENT # P03000149952

1. Entity Name
CRAIG HILBERT, INC.

Principal Place of Business	Mailing Address
6051 TWIN LAKES DRIVE OVIEDO FL 32765	6051 TWIN LAKES DRIVE OVIEDO FL 32765

2. Principal Place of Business		3. Mailing Address	
6051 Twin Lk. Dr.		Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: oviedo FL. 32765		City & State	
Zip: 32765	Country: Sem.	Zip	Country

4. FEI Number: 20-0492175 [redacted] ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HILBERT, CRAIG C 6051 TWIN LAKES DRIVE OVIEDO FL 32765	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: ____________________
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, 2005 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HILBERT, CRAIG C 6051 TWIN LAKES DRIVE OVIEDO FL 32765	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: ____________________ 2-23-05 407-678-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
#P03000142952

66010401

a Control number 1	Void ☐	Copy D For Employer. OMB No. 1545-0008	
b Employer identification number 20-0492175 ★		1 Wages, tips, other comp. 11389.00	2 Fed. income tax withheld 2200.00
c Employer's name, address, and ZIP code CRAIG HILBERT, INC. 6051 TWIN LAKES DRIVE OVIEDO, FL 32765-8515		3 Social security wages 11389.00	4 Soc. sec. tax withheld 706.12
		5 Medicare wages and tips 11389.00	6 Medicare tax withheld 165.14
		7 Social security tips	8 Allocated tips
d Employee's social security number 139-46-3876		9 Advance EIC payment	10 Dependent care benefits
e Employee's first name and initial Last name CRAIG C HILBERT 6051 TWIN LAKES DRIVE OVIEDO, FL 32765		11 Nonqualified plans	12a See inst. for box 12 Code
		13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b Code S
		14 Other AUTO 389.00	12c Code
f Employee's address and ZIP code			12d Code

15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
					UCT6

Wage and Tax Statement 2004

Department of the Treasury -- Internal Revenue Service

For Privacy Act and Paperwork Reduction Act Notice, see separate Instructions.