Jan 09 2008 4:00PM ED SERRA, CPA PLLC

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Mar 13, 2008 8:00 am
Secretary of State
03-13-2008 90043 020 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000085823

1. Entity Name
CRIDLAND ENTERPRISES, INC.

Principal Place of Business
957 S. LOIS TERRACE
STE 101
INVERNESS, FL 34452 US

Mailing Address
POST OFFICE BOX 1267
HERNANDO, FL 34442 US

DO NOT WRITE IN THIS SPACE

01092008 No Chg-P CR2E034 (11/05)

4. FEI Number
33-1094124
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CRIDLAND, LINDA J
3640 N. INDIANHEAD Rd
HERNANDO, FL 34442

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 Linda J Cridland
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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CRIDLAND, LINDA J
STREET ADDRESS	3640 N INDIANHEAD RD
CITY-ST-ZIP	HERNANDO, FL 34442
TITLE	VD
NAME	BONNELL, DENNIS J
STREET ADDRESS	826 SETON AVENUE
CITY-ST-ZIP	LECANTO, FL 34461
TITLE	STD
NAME	CRIDLAND-BONNELL, MELISSA J
STREET ADDRESS	826 SETON AVENUE
CITY-ST-ZIP	LECANTO, FL 34461
TITLE	D
NAME	CRIDLAND, FRED F
STREET ADDRESS	957 S. LOIS TERRACE, STE 101
CITY-ST-ZIP	INVERNESS, FL 34452
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

SIGNATURE: Linda J Cridland 3/3/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #