

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90206 012 ***150.00

DOCUMENT # P04000157523 1. Entity Name D & D CRAIG ENTERPRISES INC			
Principal Place of Business 12131 WILDBROOK DRIVE RIVERVIEW, FL 33569 US		Mailing Address 12131 WILDBROOK DRIVE RIVERVIEW, FL 33569 US	
2. Principal Place of Business 3867 Youngs Creek Rd Suite, Apt. #, etc.		3. Mailing Address 3867 Youngs Creek Rd Suite, Apt. #, etc.	
City & State MORGANTON NC		City & State MORGANTON NC	
Zip 28655		Zip 28655	
Country		Country	
4. FEI Number 76-0772046		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRAIG, DALE A 12131 WILDBROOK DRIVE RIVERVIEW, FL 33569		7. Name and Address of New Registered Agent Name Robert Morris, P.A. Street Address (P.O. Box Number is Not Acceptable) 3302 Bell Shoals Rd City BRANDON FL Zip Code 33571	
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: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P CRAIG, DALE A 12131 WILDBROOK DRIVE RIVERVIEW, FL 33569	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CRAIG, DONNA C 12131 WILDBROOK DRIVE RIVERVIEW, FL 33569	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:		Date 04/17/06 Daytime Phone # 813 434 6017	