## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P05000020795

1. Entity Name CRAIGS CONSULTING, INC.



Principal Place of Business

1835 ANCHOR AVENUE DELAND, FL 32720 US Mailing Address

1835 ANCHOR AVENUE DELAND, FL 32720 US FILED
Jul 18, 2008 08:00 AM
Secretary of State



07152008

No Chg-P

CR2E034 (11/05)

4. FEI Number 81-0664206 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

<u> </u>					
SIHA, CHRISTINA 1216 SOUTH MISSOURI AVE #406 CLEARWATER, FL 33756			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.  UUUUU0955625  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  OATE					
FILE NOWIII FEE IS \$150.00  Due by September 12, 2008  9. Election Campaign Finar Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P CRAIG, JUDY 1835 ANCHOR AVENUE DELAND, FL 32720	ECTORS			
NAME STREET ADDRESS CITY-ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP	NAME Street Address		DO NOT WRITE		
TITLE NAME STREET ADDRESS				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.

CICMATUDE

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Judeth L Ciary