

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000051926

FILED
May 20, 2008
Secretary of State

Entity Name: A CRATE OF FLORIDA MARKETING INC

Current Principal Place of Business:

2002 HIDDEN LAKE DR
PALM HARBOR, FL 34683

New Principal Place of Business:

Current Mailing Address:

2002 HIDDEN LAKE DR
PALM HARBOR, FL 34683

New Mailing Address:

FEI Number: 26-0263104

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MOLLI, PATIRICIA A
2002 HIDDEN LAKE DR
PALM HARBOR, FL 34683 US

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MOLLI, PATIRICIA A
Address: 2002 HIDDEN LAKE DR
City-St-Zip: PALM HARBOR, FL 34683

Title: V () Delete
Name: FAULKNER, MARCI L
Address: 1545 S. HIGHLAND AVE STE. 323
City-St-Zip: CLEARWATER, FL 33756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: FAULKNER, MARCI L
Address: 1545 LIME ST.
City-St-Zip: CLEARWATER, FL 33756

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PATRICIA A. MOLLI

MS

05/20/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date