

**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