

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000021363

Entity Name: CRAIG A. KARPf, INC.

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

6230 BUCK DRIVE  
JACKSONVILLE, FL 32221

**New Principal Place of Business:**

8433 LONGMEADOW CIRCLE NORTH  
JACKSONVILLE, FL 32244

**Current Mailing Address:**

6230 BUCK DRIVE  
JACKSONVILLE, FL 32221

**New Mailing Address:**

8433 LONGMEADOW CIRCLE NORTH  
JACKSONVILLE, FL 32244

FEI Number: 26-4411643

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KARPf, CRAIG A  
6230 BUCK DRIVE  
JACKSONVILLE, FL 32221 US

**Name and Address of New Registered Agent:**

KARPf, CRAIG A  
8433 LONGMEADOW CIRCLE NORTH  
JACKSONVILLE, FL 32244 US

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

04/20/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: KARPf, CRAIG A  
Address: 8433 LONGMEADOW CIRCLE NORTH  
City-St-Zip: JACKSONVILLE, FL 32244

I hereby 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 all other like empowered.

SIGNATURE: CRAIG KARPf

P

04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date