

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000030895

Entity Name: A.D. CRAIG, INC.

FILED  
Jan 09, 2006  
Secretary of State

## Current Principal Place of Business:

14871 N. CLEVELAND AVE  
NORTH FORT MYERS, FL 33903

## New Principal Place of Business:

741 OVERIVER DR.  
NORTH FORT MYERS, FL 33903

## Current Mailing Address:

14871 N. CLEVELAND AVE.  
N. FT. MYERS, FL 33903 US

## New Mailing Address:

741 OVERIVER DR.  
N. FT. MYERS, FL 33903 US

FEI Number: 65-0488786

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CRAIG, ANTHONY D  
741 OVERIVER DR  
N FORT MYERS, FL 33903 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CRAIG, ANTHONY D  
Address: 741 OVERIVER DR  
City-St-Zip: N FORT MYERS, FL 33903

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ANTHONY D. CRAIG

PRES

01/09/2006

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

\_\_\_\_\_  
Date