## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

## Feb 09, 2004 8:00 am Secretary of State DOCUMENT # P95000003623 1. Entity Name 02-09-2004 90063 004 \*\*\*150.00 CRAFT ASSOCIATES INC. Principal Place of Business Mailing Address 11000 PROSPERITY FARMS RD P.O. BOX 2421 ~~~~~~ PALM BEACH FL 33480 PALM BEACH GARDENS FL 33410 3. Mailing Address 2. Principal Place of Business Prosperity farms P.O. Box 3764 Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) StE. 101 City & State In Beach City & State Applied For 4. FE! Number 65-0546653 GARDENS Not Applicable EquestA 33469 Zip Country \$8.75 Additional 5. Certificate of Status Desired Palm BeacH Fee Required 33410 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Thomas J. CRAFT, THOMAS J JR 11000 PROSPERITY FARMS RD. Street Address (P.O. Box Number is Not Acceptable) **STE 302** PALM BEACH GARDENS FL 33410 StE. 101 Beach Gardens 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. THOMAS J. CRASH, JR. 2 agent and title if applicable. (NOTE: Registered Agent signature required when reli DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. President Addition TITLE ☐ Delete TITLE Change CRAFT, Thomas J. 210 W. Riversida Dr. NAME CRAFT, THOMAS J. NAME 102 SEAVIEW AVE. STREET ADDRESS STREET ADDRESS JupitER FL. PALM BEACH FL CITY-ST-ZIP CITY-ST-ZIP TIT) F ☐ Delete ☐ Change Addition NAME NAME CRAFT, JACK M. 244 RIVERSIDE DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JUPITER FL CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition - Crast, Thomas J., JR. STE. 101 NAME CRAFT, THOMAS J. NAME STREET ADDRESS STREET ADDRESS P.O. BOX 2421 N/A PALM BRACH GARdens, \$1. 33410 CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL 33480 Addition ☐ Change ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 addressy with all other like empowered.

THOMAS

FILED