2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

	ANNUAL H	EPURI (AR	i }		Mar 13 2	006 0	2.00	
DOCUMENT # P95000008751 1. Entity Name					Mar 13, 2006 08:00 AM Secretary of State			
CREIGHT	ON ENTERPRISES, INC.							
Principal Plac	e of Business	Mailing Address			1			
1177 PARK AVENUE		1177 PARK AVENUE					18881 WIEL FE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
SUITE 5 ORANGE PARK FL 32073 US		SUITE 5 ORANGE PARK FL 32073 US						
2. Principal Place of Business		3. Mailing Address						
Suile, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE	CR2E034 (1	0/05)		
City & State		City & State			4. FEI Number 59-3296098	Ĭ.	_ _ + ` `	phed For t Applicable
Zip	Country	Zip	Country		5. Certificate of Status Desired		.75 Addi	
	6. Name and Address of Current	t Registered Agent	1		7. Name and Address of New R		′	-
VOI	ITOUR VANIERSA		Name) 				
VOUTOUR, VANESSA 2305 OLD FERRY RD. GREEN COVE SPRINGS FL 32043				Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Cods	 9
the obligated Signature F	named entity submits this statement from solvent of the statement of the s	Land Will it applicable. (NO	Hour Presi TC. Registerba Agent se	dent	9. Election Campa Trust Fund Com	3-/0-0	% \$5.0	00 May Be
10.	OFFICERS AND	25 CF 3. 1	11.		ADDITIONS/CHANGES TO OFF	ICERS AND DI	RECTORS	5 IN 11
TITLE	P	☐ Defete	DILE	- T			Change	☐ Additio
NAME	VOUTOUR, VANESSA		NAME		9/0000046 93/21/96-80	2785 ถืนข้ <u>ะ</u> ตวน	נכת מנ	a
STREET AOORESS CITY-ST-ZIP	2305 OLD FERRY RD. GREEN COVE SPRINGS FL 3204:	3	STREET ADDRES CITY+ST-ZIP	3	30% CTA 000 000	יים טרי	190*06	U
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33782		☐ Deicte	HILE			Ε.] Change	Addition
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CHY-SI-ZIP			CITY-ST-ZIP	3				
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tille		☐ Delete	TITLE	-			Change	Addilla
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TITLE		☐ Defete	TITLE				Change	☐ Addition
NAME CERTAINMENT ADDRESS			NAME CARETA ADDOS	. }				
STREET ADDRESS CITY-S1-ZIP			STREET ADDRES CITY-ST-ZIP	~ {				
12. I hereby	certify that the information supplied w	ith this filing does not qualify	for the exemption	ns contain	ed in Section 119, Florida Statutes.	I further certify	that the fr	าโฉเกลเเอก
of the co	I on this report or supplemental report reparation or the receiver or trustee en ed, or on an attachment with an addre	rpowered to execute this repo	ort as required by	nave the Chapter 6	r same legal effect as it made under 607, Florida Statutes; and that my nar	patn, that I am ne appears in I	an officer Block 10 d	or alrector or Block 11

FILED

lowtour, President 3-10-06 904-278-2782