


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90025 050 ***150.00

DOCUMENT # P95000016890 1. Entity Name THE CRICHTON GROUP, INC.					
Principal Place of Business 14810 SW 154TH COURT MIAMI, FL 33196 US			Mailing Address 14810 SW 154TH COURT MIAMI, FL 33196 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0580608	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MERRILL, KEITH 1320 SOUTH DIXIE HWY. SUITE 731 CORAL GABLES, FL 33146				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. SIGNATURE <u><i>Keith J. Merrill</i></u> DATE <u>2/28/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CHRICHTON, COURTNEY <input type="checkbox"/> Delete 14810 SW 154 CT. MIAMI, FL 33196		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 address, with all other like empowered.					
SIGNATURE: <u><i>Keith J. Merrill</i></u> PRESIDENT <u>2/28/06</u> <u>305 378 4632</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



ATTACHMENT

40025198

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 23, 2006

THE CRICHTON GROUP, INC.
14810 SW 154TH COURT
MIAMI, FL 33196 US

SUBJECT: THE CRICHTON GROUP, INC.
Ref. Number: P95000016890

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/reinstatement application form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

PAMELA YARBOR
OPS

Letter Number: 606A00013054

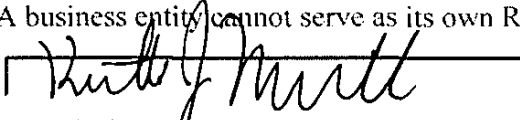
ATTACHMENT

<https://efile.sunbiz.org/scripts/ubr001.exe>

#P950000/6890

40025198

agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title
Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

ATTACHMENT

#P95 0000168910

40025198

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

President



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40025198
Division of Corporations

Annual Report[Annual Report Help](#)

Document Number

P95000016890

Business Entity Name

THE CRICHTON GROUP, INC.

FEI Number

650580608

FEI Number Status

Listed Above

Applied For

Not Applicable

Certificate of Status Desired

Yes

No

\$8.75 each

Election Campaign Financing Trust-Fund-Contribution

Yes

No

Principal Place of Business

Address

14810 SW 154TH COURT

Suite, Apt. #, etc.

City, State

MIAMI**FL**

Zip Code & Country

33196**US****Mailing Address**

Address

14810 SW 154TH COURT

Suite, Apt. #, etc.

City, State

MIAMI**FL**

Zip Code & Country

33196**US****Name and Address of Registered Agent**

Name (Last, First, Middle, Title)

MERRILL**KEITH****- OR -**

Business to serve as RA

Address (PO Box is not acceptable)

1320 SOUTH DIXIE HWY.

Suite, Apt. #, etc.

SUITE 731

City, State

CORAL GABLES**FL**

Zip Code & Country

33146**US**

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered