DOCUMENT # P95000027249 C.W. GRAIG PRODUCTIONS, INC. Maing Address C.W. GRAIG COMPANY COMPAN	2004 FOR PROFIT CORPORATION ANNUAL REPORT					FILED	
1313 HARBOR WATCH LANE 4313 HARBOR WATCH LANE LUTZ, R. 33559 4313 HARBOR WATCH LANE DO NOT WRITE IN THIS SPACE 06212004 No Chy.P. CREEDA (10/03) 04.1 FEI Nambur 20004 No Chy.P. CREEDA (10/03) 05.1 Name and Address of Current Registered Agent CRAIG, CAMAG W Address of Current Registered Agent CRAIG, CAMAG W 6. Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE Scharberg 6. The above name and Address of Current Registered Agent CRAIG, CAMAG W Address of Current Registered Agent CRAIG, CAMAG W 4313 HARBOR WATCH LANE DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE Scharberg 0.607 Registered and ready subtrine the statement free dataset agent. Of Status Part of the state of the statement agent 0.607 Registered agent DO NOT WRITE Scharberg 0.607 Registered Agent 0.607 Registered Agent agent Ext. DO 1.90 Chy.P. S. (the agent of the state of	1. Enlity Name					Secretary of State	
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	4313 HAR	RAIG W BOR WATCH LANE	istered Agent				
Due by September 8, 2004 Trust Fund Contribution Added to Fees corporation did not receive the prior notice. 10. OF FICERS AND DIRECTORS Itel Itel<	the obligations of registered agent SIGNATURE						
Title PMM CRAIG, C W STREF ANDRESS 4313 HARBOR WATCH LANE CITY-ST-ZP 06-/28/04-80002-020 150.00 TITLE NME NAME STRET ADDRESS CITY-ST-ZP DO NOT WRITE TITLE NAME STRET ADDRESS CITY-ST-ZP TITLE STRET ADDRESS CITY-ST-ZP <				+		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
NME STRET ADDRESS CITY 51-2P ITLE NAME STRET ADDRESS CITY 51-2P ITLE IT	TITLE NAME STREET ADDRESS	PMM CRAIG, C W 4313 HARBOR WATCH LANE	CTORS			U00000162925 06/28/04-80002-020 150.00	
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12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutes 1 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	NAME STREET ADDRESS CITY - ST - ZIP						
of the corporation of the receiver of these 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: Action 2142 Control of the							