


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000065086</b> 1. Entity Name MARGARET CROXTON ENTERPRISES, INC.	
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Principal Place of Business 1315 SOUTH MIAMI ROAD SUITE NUMBER F FORT LAUDERDALE, FL 33316	Mailing Address 1315 SOUTH MIAMI ROAD SUITE NUMBER F FORT LAUDERDALE, FL 33316
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03022004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0604759	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  CROXTON, MARGARET 1315 SOUTH MIAMI ROAD SUITE NUMBER F FORT LAUDERDALE, FL 33316
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	000000086715 03/12/04-80034-018 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CROXTON, MARGARET 1315 SOUTH MIAMI ROAD, SUITE F FORT LAUDERDALE, FL 33316
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 507, 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:** *Margaret Croxton* 3/9/04 954 527 5822  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #