

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000108299

FILED  
Apr 10, 2012  
Secretary of State

**Entity Name:** THE CRAIGMORE CORPORATION

**Current Principal Place of Business:**

22107 MARTELLA AVE  
BOCA RATON, FL 33433

**New Principal Place of Business:**

11101 S. CROWN WAY  
SUITE #5  
WELLINGTON, FL 33414

**Current Mailing Address:**

GARY L SHAPIRO  
PO BOX 27-3369  
BOCA RATON, FL 33427

**New Mailing Address:**

11101 S. CROWN WAY  
SUITE #5  
WELLINGTON, FL 33414

**FEI Number:** 65-0801743

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCMILLEN, WILLIAM E  
22107 MARTELLA AVE  
BOCA RATON, FL 33433 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VPD  
Name: SHAPIRO, LLOYD  
Address: 44 PINE STREET, APT 315  
City-St-Zip: TINTON FALLS, NJ 07753

Title: VPD  
Name: SHAPIRO, COLLEEN S  
Address: 11101 S CROWN WAY, SUITE #5  
City-St-Zip: WELLINGTON, FL 33414

Title: PD  
Name: SHAPIRO, GARY L  
Address: 11101 S CROWN WAY, SUITE #5  
City-St-Zip: WELLINGTON, FL 33414

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: COLLEEN STACY SHAPIRO

VPD

04/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date