2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000044780

1. Entity Name
CRIBS 4 EVER, INC.

Principal Place of Business	Mailing Address
8727 PHILLIPS HIGHWAY SUITE 402 JACKSONVILLE, FL 32256	8727 PHILLIPS HIGHWAY SUITE 402 JACKSONVILLE, FL 32256

DO NOT WRITE IN THIS SPACE

07142004   No Chg-P   CR2E034 (10/03)

4. FEI Number 59-3517197	Applied For Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CARROLL, THOMAS P
12412-101 SAN JOSE BLVD
JACKSONVILLE, FL 32223

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **Due by September 8, 2004**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PVTS
NAME	FOWLER, KIMIKO F
STREET ADDRESS	12760 WILDERNESS LN E.
CITY-ST-ZIP	JACKSONVILLE, FL 32258

U000000170891
08/26/04--80001-002 158.75

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _Kimiko F. Fowler_ Kimiko F. Fowler 7-14-04   904-636-6366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #