

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 11, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000002143**

1. Entity Name  
**CRAGG GLASS, INC.**



Principal Place of Business  
**6731 STUART AVE  
UNIT 7  
JACKSONVILLE, FL 32254 US**

Mailing Address  
**6731 STUART AVE  
UNIT 7  
JACKSONVILLE, FL 32254 US**



01072004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3549521**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**COOPER, JOHN S  
100 W CALL STREET  
STARKE, FL 32091**

**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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

000000085171  
03/11/04-80032-006 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	CRAGG, RICHARD
STREET ADDRESS	RT 4 BOX 584A
CITY-ST-ZIP	STARKE, FL 32091
TITLE	VP
NAME	CRAGG, ANDREW
STREET ADDRESS	RT 4 BOX 585
CITY-ST-ZIP	STARKE, FL 32091
TITLE	VP
NAME	CRAGG, DAVID
STREET ADDRESS	6825 COUNTRY CREEK
CITY-ST-ZIP	JACKSONVILLE, FL 32221

**DO NOT WRITE  
IN THIS SPACE**

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03.16.04