

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90110 001 ***150.00

DOCUMENT # P99000022458 1. Entity Name LAW OFFICES OF TIFFANY S. CRAIG, P.A.			
Principal Place of Business 1701 JIM REDMAN PARKWAY PLANT CITY, FL 33566		Mailing Address 1701 JIM REDMAN PARKWAY PLANT CITY, FL 33566	
2. Principal Place of Business 4809 E. Busch Blvd. Suite, Apt. #, etc. 206		3. Mailing Address 4809 E. Busch Blvd. Suite, Apt. #, etc. 206	
City & State Tampa, Florida Zip 33617 Country U.S.		City & State Tampa, Florida Zip 33617 Country U.S.	
4. FEI Number 59-3751854		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRAIG, TIFFANY S 1701 JIM REDMAN PARKWAY PLANT CITY, FL 33566		7. Name and Address of New Registered Agent Name Tiffany S. Craig Street Address (P.O. Box Number is Not Acceptable) 4809 E. Busch Blvd. Ste. 206 City Tampa FL Zip Code 33617	
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 <u><i>Tiffany Craig</i></u> DATE <u>1/12/05</u> <small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete NAME CRAIG, TIFFANY S STREET ADDRESS 1701 JIM REDMAN PARKWAY CITY-ST-ZIP PLANT CITY, FL 33566	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Craig, Tiffany S. STREET ADDRESS 4809 E. Busch Blvd. Ste. 206 CITY-ST-ZIP Tampa, FL 33617		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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)(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: <u><i>Tiffany Craig</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <u>1/12/05</u> DAYTIME PHONE # <u>(813) 899-4774</u>	