

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Sep 22, 2004 08:00 AM  
Secretary of State**

**DOCUMENT # S60517**

**1. Entity Name  
ALLEN CRAIG ASSOCIATES, INC.**



**Principal Place of Business  
515 SEA BREEZE BLVD  
SUITE 545  
FT. LAUDERDALE, FL 33316 US**

**Mailing Address  
515 SEA BREEZE BLVD  
SUITE 545  
FT. LAUDERDALE, FL 33316 US**



09172004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number  
65-0273433**

**Applied For  
Not Applicable**

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

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

**GOULD, CRAIG  
215 N BIRCH RD.  
FT. LAUDERDALE, FL 33304**

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GOULD, CRAIG  
215 N BIRCH RD., #11-C  
FT. LAUDERDALE, FL**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

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STREET ADDRESS  
CITY-ST-ZIP**

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09/22/04-80001-005 150.00

**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 reports 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

9/16/04 954-713-8126

Date

Daytime Phone #