


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2004 08:00 AM
Secretary of State

| | | |
|---|---|--|
| DOCUMENT # V05486 | |  |
| 1. Entity Name CRIGHTON INDUSTRIES, INC. | | |
| Principal Place of Business 4320 W OSBORNE AVE TAMPA, FL 33614 US | | Mailing Address PO BOX 151718 TAMPA, FL 33684 US |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent CREIGHTON, TERRANCE C. 1215 BEACON HILL DR TAMPA, FL 33624 | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP CREIGHTON, TERRANCE 1215 BEACON HILL DR TAMPA, FL | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S CREIGHTON, JERALDINE 1215 BEACON HILL DR TAMPA, FL 33613 | |
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| 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 life empowered. | | |
| SIGNATURE: <u>Terrance C Creighton</u> Terrance C Creighton 013-879-8863 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | |



01122004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3109001 Applied For Not Applicable

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

1100000107525
04/09/04-80019-001 150.00

**DO NOT WRITE
IN THIS SPACE**