## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # V39972

1. Entity Name

CRAIG'S CROWNS, INC.

FILED Apr 30, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

2103 59TH ST. WEST BRADENTON, FL 34209 2103 59TH ST. WEST BRADENTON, FL 34209



03122007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3127193

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEPHAN, NANCY J. BATCH 3210 W. DEBAZAN AVE. ST. PETERSBURG, FL 33706

## 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 renotating)  DATE  |  |      |     |                                |   |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.  |  |      | ing | \$5.00 May Be<br>Added to Fees |   |
| 10.  | OFFICERS AND DIREC   | TORS |     |                                |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | D<br>STEPHAN, CRAIG D.<br>3210 W. DEBAZAN AVE.<br>ST. PETERSBURG, FL |      |     |                                |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |      |     |                                | 000000740895<br>05/15/07-80006-025 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |      |     | DO I                           | NOT WRITE                                 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |      |     | IN T                           | HIS SPACE                                 |
| 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 exemptions contained in Chapter 119, 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. |  |      |     |                                |   |