

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000003292

**Entity Name:** JOHNNY BLUE CRAIG, P.A.

**Current Principal Place of Business:**

3360 CAPITAL CIRCLE NE  
STE. A  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

3360 CAPITAL CIRCLE NE  
STE. A  
TALLAHASSEE, FL 32308

**FEI Number:** 59-3164858

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

CRAIG, JOHNNY B  
7026 DUCK COVE ROAD  
TALLAHASSEE, FL 32312 US

*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.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                                  |                 |                    |
|-----------------|----------------------------------|-----------------|--------------------|
| Title           | P                                | Title           | ST                 |
| Name            | CRAIG, JOHNNY B                  | Name            | CRAIG, JOHNNY B    |
| Address         | 7026 DUCK COVE RD.               | Address         | 7026 DUCK COVE RD. |
| City-State-Zip: | TALLAHASSEE FL                   | City-State-Zip: | TALLAHASSEE FL     |
|                 |                                  |                 |                    |
| Title           | OFFICER                          |                 |                    |
| Name            | CRAIG, APRIL R                   |                 |                    |
| Address         | 3360 CAPITAL CIRCLE NE<br>STE. A |                 |                    |
| City-State-Zip: | TALLAHASSEE FL 32308             |                 |                    |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** APRIL RUTH CRAIG

**OFFICER**

**05/04/2023**

Electronic Signature of Signing Officer/Director Detail

Date