

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000108299

FILED  
Jan 07, 2009  
Secretary of State

Entity Name: THE CRAIGMORE CORPORATION

**Current Principal Place of Business:**

22107 MARTELLA AVE  
BOCA RATON, FL 33433

**New Principal Place of Business:**

**Current Mailing Address:**

GARY L SHAPIRO  
PO BOX 27-3369  
BOCA RATON, FL 33427

**New Mailing Address:**

FEI Number: 65-0801743      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MCMILLEN, WILLIAM E  
22107 MARTELLA AVE  
BOCA RATON, FL 33433      US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SHAPIRO, LLOYD  
Address: 40 FIELDSTONE DRIVE  
City-St-Zip: SOMERVILLE, NJ 08876

Title: S ( ) Delete  
Name: MCMILLEN, COLLEEN S  
Address: PO BOX 24-269  
City-St-Zip: CHRISTIANSTED, ST CROIX, USVI 0082

Title: VD ( ) Delete  
Name: SHAPIRO, GARY L  
Address: PO BOX 24-279  
City-St-Zip: CHRISTIANSTED, ST CROIX, USVI 0082

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LLOYD SHAPIRO

PD

01/07/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date