

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000108299

**FILED  
Apr 08, 2014  
Secretary of State  
CC9661387714**

**Entity Name:** THE CRAIGMORE CORPORATION

**Current Principal Place of Business:**

3420 FAIRLANE FARMS RD  
SUITE 200  
WELLINGTON, FL 33414

**Current Mailing Address:**

3420 FAIRLANE FARMS RD  
SUITE 200  
WELLINGTON, FL 33414 US

**FEI Number:** 65-0801743

**Certificate of Status Desired:** No

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

MCMILLEN, WILLIAM E  
22107 MARTELLA AVE  
BOCA RATON, FL 33433 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            VPD  
Name            SHAPIRO, COLLEEN S  
Address        3420 FAIRLANE FARMS RD  
                  SUITE 200  
City-State-Zip: WELLINGTON FL 33414

Title            PD  
Name            SHAPIRO, GARY L  
Address        3420 FAIRLANE FARMS RD  
                  SUITE 200  
City-State-Zip: WELLINGTON FL 33414

*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:** COLLEEN STACY SHAPIRO

VPD

04/08/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date