

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000108299

**FILED**  
**Apr 17, 2015**  
**Secretary of State**  
**CC0693776875**

**Entity Name:** THE CRAIGMORE CORPORATION

**Current Principal Place of Business:**

1023 MARKET STREET  
SUITE 1  
CHRISTIANSTED, VIRGIN ISLAND 00820

**Current Mailing Address:**

P.O. BOX 273369  
BOCA RATON, FL 33427-3369 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                                  | Title           | PD                                   |
| Name            | SHAPIRO, COLLEEN S                   | Name            | SHAPIRO, GARY L                      |
| Address         | P.O. BOX 24279                       | Address         | P.O. BOX 24279                       |
| City-State-Zip: | CHRISTIANSTED VIRGIN ISLAND<br>00824 | City-State-Zip: | CHRISTIANSTED VIRGIN ISLAND<br>00824 |

*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

04/17/2015

Electronic Signature of Signing Officer/Director Detail

Date