


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000108299

1. Entity Name
 THE CRAIGMORE CORPORATION



Principal Place of Business
 22107 MARTELLA AVE
 BOCA RATON, FL 33433

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

DO NOT WRITE IN THIS SPACE



03022005 No Chg-P CR2E034 (10/03)

4. FEI Number
 65-0801743

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
 NAME SHAPIRO, LLOYD
 STREET ADDRESS 40 FIELDSTONE DRIVE
 CITY-ST-ZIP SOMERVILLE, NJ 08876

TITLE S
 NAME MCMILLEN, COLLEEN S
 STREET ADDRESS PO BOX 24-269
 CITY-ST-ZIP CHRISTIANSTED, ST CROIX, usvi 0082

TITLE VD
 NAME SHAPIRO, GARY L
 STREET ADDRESS PO BOX 24-279
 CITY-ST-ZIP CHRISTIANSTED, ST CROIX, usvi 0082

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

U00000259449
 03/11/05-80025-001 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

SIGNATURE:  DATE _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR