


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2005 08:00 AM
Secretary of State

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| DOCUMENT # 491800 1. Entity Name AM-CRAFT, INC. |  |
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|---|---|
| Principal Place of Business 207 S. SUNSET TERRACE INVERNESS, FL 34450-1815 US | Mailing Address 207 S. SUNSET TERRACE INVERNESS, FL 34450-1815 US |
|---|---|



04172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 4. FEI Number 59-1635501 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

STORR, GAIL
207 S. SUNSET TERRACE
INVERNESS, FL 34450

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent Signature required when reinstating) _____ DATE _____

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

1100000316020
04/19/05-80058-006 150.00

10. OFFICERS AND DIRECTORS

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|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD STORR, HOWARD J. SR. 207 SOUTH SUNSET TERRACE INVERNESS, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | STD STORR, GAIL 207 S. SUNSET TERRACE INVERNESS, FL 34450 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D STORR, GLENN L. 4000 SW 47TH ST D2 GAINESVILLE, FL 32608 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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IN THIS SPACE**

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: Gail Storr **GAIL STORR** 4/18/05 352-726-4569
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) Daytime Phone #