

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90188 033 ***150.00

DOCUMENT # P03000032607

1. Entity Name
3R CRAFT INC.



Principal Place of Business
4346 S.W. 25TH CT.
CAPE CORAL, FL 33914

Mailing Address
4346 S.W. 25TH CT.
CAPE CORAL, FL 33914

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01112008

Chg-P

CR2E034 (12/06)

4. FEI Number
03-0511240

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VEVERKA, MILOSLAV
4346 SW 25TH CT
CAPE CORAL, FL 33914

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **VEVERKA, MILOSLAV**
STREET ADDRESS **4346 SW 25TH CT**
CITY-ST-ZIP **CAPE CORAL, FL 33914**

TITLE **S** ☐ Delete
NAME **VEVERKOVA, JANA**
STREET ADDRESS **4346 SW 25TH CT**
CITY-ST-ZIP **CAPE CORAL, FL 33914**

TITLE **VP** ☐ Delete
NAME **KVITA, JIRI**
STREET ADDRESS **4346 SW 25TH CT**
CITY-ST-ZIP **CAPE CORAL, FL 33914**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **VEVERKA MILOSLAV**
STREET ADDRESS **1422 SW 43RD LN**
CITY-ST-ZIP **CAPE CORAL, FL 33914**

TITLE **S** ☒ Change ☐ Addition
NAME **VEVERKOVA JANA**
STREET ADDRESS **1422 SW 43RD LN**
CITY-ST-ZIP **CAPE CORAL, FL 33914**

TITLE **VP** ☒ Change ☐ Addition
NAME **KVITA JIRI**
STREET ADDRESS **1422 SW 43RD LN**
CITY-ST-ZIP **CAPE CORAL, FL 33914**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Miroslav Veverka
President

4/17/08

407 403 5942