

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G74080

**Entity Name:** TOM BECRAFT, INC.

**Current Principal Place of Business:**

2415 SW 35 AVE  
DELRAY BEACH, FL 33445

**Current Mailing Address:**

2415 SW 35 AVE  
DELRAY BEACH, FL 33445 US

**FEI Number:** 59-2382867

**Certificate of Status Desired:** No

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

BECAFT, MARSHA L.  
2415 SW 35 AVE  
DELRAY BEACH, FL 33445 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 PD  
Name REVOCABLE TRUST OF MARSHA L  
BECAFT  
Address 2415 SW 35 AVE  
City-State-Zip: DELRAY FL 33445

Title VD  
Name REVOCABLE TRUST OF THOMAS E.  
BECAFT  
Address 2415 SW 35 AVE  
City-State-Zip: DELRAY FL 33445

*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:** MARSHA BECRAFT

**PRES**

**01/10/2021**

Electronic Signature of Signing Officer/Director Detail

Date