

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G74080

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

**Current Principal Place of Business:**

917 NW 31 AVE  
POMPANO BEACH, FL 33069

**Current Mailing Address:**

PO BOX 667306  
POMPANO BEACH, FL 33066-7306

**FEI Number:** 59-2382867

**Certificate of Status Desired:** No

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

BECAFT, MARSHA L.  
917 NW 31 AVE  
POMPANO BEACH, FL 33069 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	Title	VD
Name	BECAFT, MARSHA	Name	BECAFT, THOMAS
Address	2415 SW 35 AVE	Address	2415 SW 35 AVE
City-State-Zip:	DELRAY FL 33445	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 BECAFT

**PRES**

**03/19/2014**

Electronic Signature of Signing Officer/Director Detail

Date