

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # 304027

1. Entity Name
PEDICRAFT, INC.



Principal Place of Business

4134 ST AUGUSTINE RD
JACKSONVILLE, FL 32207 US

Mailing Address

PO BOX 5969
JACKSONVILLE, FL 32247 US

DO NOT WRITE IN THIS SPACE



04012008 No Chg-P CR2E034 (11/05)

4. FEI Number

59-1141539

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NORD, ERIC A.
4134 ST. AUGUSTINE RD
JACKSONVILLE, FL 32207

**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

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

1100000886252

04/18/08-80048-013 158.75

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	NORD, ERIC A.
STREET ADDRESS	5028 SAN JOSE BLVD.
CITY - ST - ZIP	JACKSONVILLE, FL 32207
TITLE	S
NAME	NORD, ROBERTA S.
STREET ADDRESS	5201 ATLANTIC BLVD #254
CITY - ST - ZIP	JACKSONVILLE, FL
TITLE	P
NAME	MAYNARD, DOUG
STREET ADDRESS	3062 CYPRESS CREEK DR N
CITY - ST - ZIP	PONTE VEDRA BCH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

Eric Nord

4/4/08

Date

Daytime Phone #

904-699-0460