


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 398730

1. Entity Name
RON'S WOODCRAFT, INC



FILED
Jul 29, 2008 08:00 AM
Secretary of State

Principal Place of Business 205 1ST ST SE FT. WALTON BEACH, FL 32548 US	Mailing Address 205 1ST ST SE FT. WALTON BEACH, FL 32548 US
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DO NOT WRITE IN THIS SPACE

07152008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1396369	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

GROSS, RONALD U
169 COUNTRY CLUB ROAD
SHALIMAR, FL 32579

**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: *Ronald U. Gross* DATE: 7/25/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GROSS, RONALD U 750 OVERBROOK DR. FORT WALTON BEACH, FL
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07/29/08-80001-012 550.00

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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: *Ronald U. Gross* Ronald U. Gross DATE: 7/25/08 DAYTIME PHONE #: 850-609-0059

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #