

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90014 050 ***150.00

DOCUMENT # 408163

1. Entity Name
ARTCRAFT INDUSTRIES, INC.



Principal Place of Business
2531 JEWETT LANE
SANFORD, FL 32771 US

Mailing Address
2531 JEWETT LANE
SANFORD, FL 32771 US

DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1414075

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LANG, GERALD
2531 JEWETT LANE
SANFORD, FL 32771

**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, 2004 Fee will be \$550.00**

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
DTS
LANG, GERALD
890 BUTTONWOOD LANE
ALTAMONTE SPRINGS, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
LANG, JOAN
890 BUTTONWOOD LANE
ALTAMONTE SPRINGS FL,

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
DAUPHIN, MICHEL
1371 DUTCH ENM DR.
ALTAMONTE SPRINGS, FL 32714

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

1/28/04(407)328-0006
Date Daytime Phone #