

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 491800

1. Entity Name
AM-CRAFT, INC.



FILED
Apr 19, 2005 08:00 AM
Secretary of State

Principal Place of Business
207 S. SUNSET TERRACE
INVERNESS, FL 34450-1815 US

Mailing Address
207 S. SUNSET TERRACE
INVERNESS, FL 34450-1815 US



04172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1635501

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STORR, GAIL
207 S. SUNSET TERRACE
INVERNESS, FL 34450

**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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1100000316020
04/19/05-80058-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STORR, HOWARD J. SR.
STREET ADDRESS	207 SOUTH SUNSET TERRACE
CITY- ST- ZIP	INVERNESS, FL
TITLE	STD
NAME	STORR, GAIL
STREET ADDRESS	207 S. SUNSET TERRACE
CITY- ST- ZIP	INVERNESS, FL 34450
TITLE	D
NAME	STORR, GLENN L.
STREET ADDRESS	4000 SW 47TH ST D2
CITY- ST- ZIP	GAINESVILLE, FL 32608
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
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 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:

Gail Storr **GAIL STORR**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/05
Date

352-726-4569
Daytime Phone #