

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # 491800

1. Entity Name
AM-CRAFT, INC.



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

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



04112008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1635501

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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, 2008 Fee will be \$550.00**

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

U00000902510

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	10806 SW 90TH COURT
CITY-ST-ZIP	GAINESVILLE, FL 32608
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

Date

Daytime Phone #

Gail Storr **GAIL STORR** Sec/Trans 4/15/07 352-726-4569