

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90054 028 \*\*\*150.00

**DOCUMENT # 551961**

1. Entity Name  
ACCENTO CRAFT, INC.



Principal Place of Business  
177 ANCLOTE RD.  
TARPON SPRINGS, FL 34689

Mailing Address  
P. O. BOX 1517  
TARPON SPRINGS, FL 34688 US



02222005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1782211

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

COTTON, LARRY J  
177 ANCLOTE RD.  
TARPON SPRGS, FL 34689

**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

**10. OFFICERS AND DIRECTORS**

TITLE COBS  
NAME COTTON, LARRY J.  
STREET ADDRESS 177 ANCLOTE RD.  
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE P  
NAME THAD COTTON  
STREET ADDRESS 177 ANCLOTE RD  
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE D  
NAME ANNA BETH COTTON  
STREET ADDRESS 177 ANCLOE RD  
CITY-ST-ZIP TARPON SPRINGS, FL

TITLE D  
NAME JOANNA TAYLOR  
STREET ADDRESS 177 ANCLOTE RD  
CITY-ST-ZIP TARPON SPRINGS, 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 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

Date

Daytime Phone #

4-4-05