

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90086 020 ***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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1782211	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required... Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
COTTON, LARRY J 177 ANCLOTE RD. TARPON SPRGS FL 34689				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE <u>3/7/07</u> Signature, typed or printed name of registered agent and holder acceptable (NOTE: Registered Agent signature required when registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. ☐ Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	COBS	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	COTTON, LARRY J.		NAME		
STREET ADDRESS	177 ANCLOTE RD.		STREET ADDRESS		
CITY - ST - ZIP	TARPON SPRINGS FL 34689		CITY - ST - ZIP		
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	THAD COTTON		NAME		
STREET ADDRESS	177 ANCLOTE RD		STREET ADDRESS		
CITY - ST - ZIP	TARPON SPRINGS FL 34689		CITY - ST - ZIP		
TITLE	A	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	ANNA BETH COTTON		NAME		
STREET ADDRESS	177 ANCLOE RD		STREET ADDRESS		
CITY - ST - ZIP	TARPON SPRINGS FL		CITY - ST - ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	JOANNA TAYLOR		NAME		
STREET ADDRESS	177 ANCLOTE RD		STREET ADDRESS		
CITY - ST - ZIP	TARPON SPRINGS FL		CITY - ST - ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 <u>3/28/07</u> Daytime Phone # <u>727-938-2464</u>		