


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # 665410
 1. Entity Name
S&S CRAFTSMEN, INC.



Principal Place of Business 1307 2ND AVE P.O. BOX 76071 TAMPA, FL 33675	Mailing Address 1307 2ND AVE P.O. BOX 76071 TAMPA, FL 33675
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DO NOT WRITE IN THIS SPACE



01282008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1988474	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEINGLEIN, THOMAS M.
 1307 - 2ND AVENUE
 TAMPA, FL 33605

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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


10. OFFICERS AND DIRECTORS

TITLE	VSDT
NAME	ROSENDE, LEONARD J JR
STREET ADDRESS	3118 MORRISON AVE.
CITY-ST-ZIP	TAMPA, FL
TITLE	PD
NAME	STENGLEIN, THOMAS M
STREET ADDRESS	13804 KHILANI COURT
CITY-ST-ZIP	TAMPA, FL
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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 05/08/08-80058-010 150.00

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 an other like empowered.

SIGNATURE:  **Thomas M. Stenglein** **4/17/08** **813-247-4429**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #