

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-02-2007 90085 045 ****61.25

DOCUMENT # 740750

1. Entity Name
FLORIDA CRAFTSMEN, INC.



Principal Place of Business
**501 CENTRAL AVENUE
ST. PETERSBURG, FL 33701**

Mailing Address
**501 CENTRAL AVENUE
ST. PETERSBURG, FL 33701**

40046830



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03262007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
23-7375994

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EMILIA; MARIA EX DIR
FLORIDA CRAFTSMEN
501 CENTRAL AVENUE
ST. PETERSBURG, FL 33701**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME ROLL, JOHN MR.
STREET ADDRESS 316 16TH AVENUE NE
CITY- ST- ZIP ST. PETERSBURG, FL 33704

TITLE VPD ☐ Delete
NAME BRYANT, LAURA MS.
STREET ADDRESS 3140 39TH AVENUE N.
CITY- ST- ZIP ST. PETERSBURG, FL 33713

TITLE SD ☒ Delete
NAME ROUX, EMMANUEL MR.
STREET ADDRESS 217 CENTRAL AVENUE
CITY- ST- ZIP ST. PETERSBURG, FL 33701

TITLE D ☐ Delete
NAME BLENNER, WALTER MR.
STREET ADDRESS 2962 NORTHFIELD DRIVE
CITY- ST- ZIP TARPON SPRINGS, FL 34688

TITLE ED ☐ Delete
NAME EMILIA, MARIA MS
STREET ADDRESS 1914 GLEN LAKE CIRCLE N.
CITY- ST- ZIP ST. PETERSBURG, FL 33702

TITLE D ☐ Delete
NAME CHASE, ABBEY MS
STREET ADDRESS 1320 S. DIXIE HWY, SUITE 841
CITY- ST- ZIP MIAMI, FL 33157

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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 617, 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 #

3/26/2007