

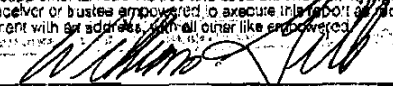
APR. 14. 2005 11:44AM

Work Comp Associates, Inc.

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90313 019 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # G93686			
1. Entity Name PRO CRAFT CONSTRUCTION, INC.			
Principal Place of Business 5935 RAVENSWOOD RD BLDG E BAY 17 DANIA, FL 33312 US		Mailing Address 5935 RAVENSWOOD RD BLDG E BAY 17 DANIA, FL 33312 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent GILLE, WILLIAM E. 10712 ZURICH STREET COOPER CITY, FL 33026		7. Name and Address of New Registered Agent 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:  WILLIAM GILLE		Date: 4/14/05	
Signature typed or printed name of registered agent or officer if applicable		(NOTE: Registered Agent signature required when reappointing)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Report \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GILLE, WILLIAM E 10712 ZURICH STREET COOPER CITY, FL	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GILLE, BARBARA 10712 ZURICH STREET COOPER CITY, FL	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GILLIE, MICHAEL 4280 S.W. 53RD AVE. DAVIE, FL 33314	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
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 637, 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 and changed.			
SIGNATURE:  WILLIAM GILLE		Date: 4/14/05 President	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

50037082



04142005 Chg-P CR2E034 (10/03)

4. FEI Number
59-2397520 Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required