# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 31, 2009**
**Secretary of State**

DOCUMENT# H84731

**Entity Name:** CRAFTSMAN MANUFACTURING, INC.

**Current Principal Place of Business:**

16015 NOLEN RD
DADE CITY, FL 33523 US

**New Principal Place of Business:**

**Current Mailing Address:**

16015 NOLEN RD
DADE CITY, FL 33523 US

**New Mailing Address:**

**FEI Number: 59-2609214** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JOHNSON, DAVID R.
31630 AMBERLEA RD
DADE CITY, FL 33523 US

**Name and Address of New Registered Agent:**

JOHNSON, DAVID R
31630 AMBERLEA RD
DADE CITY, FL 33523 US

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.

SIGNATURE: DAVID R JOHNSON 03/31/2009
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete
Name: JOHNSON, DAVID R.,
Address: 31630 AMBERLEA RD
City-St-Zip: DADE CITY, FL

Title: V ( ) Delete
Name: JOHNSON, DONALD F. J
Address: 5508 FAIRWAY DR.
City-St-Zip: RIDGE MANOR,

Title: ST ( ) Delete
Name: JOHNSON, SHERRI,
Address: 31630 AMBERLEA RD
City-St-Zip: DADE CITY, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition
Name: JOHNSON, DAVID R
Address: 31630 AMBERLEA RD
City-St-Zip: DADE CITY, FL 33523

Title: V (X) Change ( ) Addition
Name: JOHNSON, DONALD F. J
Address: 5508 FAIRWAY DR.
City-St-Zip: RIDGE MANOR, FL 33523

Title: ST (X) Change ( ) Addition
Name: JOHNSON, SHERRI
Address: 31630 AMBERLEA RD
City-St-Zip: DADE CITY, FL 33523

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERRI JOHNSON ST 03/31/2009
Electronic Signature of Signing Officer or Director Date