

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J04847

FILED
Mar 12, 2005
Secretary of State

Entity Name: BAG AND KEG CRAFTS, INC.

Current Principal Place of Business:

1927 SW COLLEGE RD
STE #200
OCALA, FL 34474 US

New Principal Place of Business:

Current Mailing Address:

1927 SW COLLEGE RD
STE 200
OCALA, FL 34474 US

New Mailing Address:

FEI Number: 59-2648922 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRIFFIN, DENNIS J PRES.
1927 SW COLLEGE RD
OCALA, FL 34474 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DST () Delete
Name: GRIFFIN, DENNIS J
Address: 16731 SE 181 STX
City-St-Zip: WEIRSDALE, FL 32195

Title: ST () Delete
Name: GRIFFIN, FRANCES E
Address: 16731 SE 181 ST TERRACE
City-St-Zip: WEIRSDALE, FL 32195

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DST (X) Change () Addition
Name: GRIFFIN, DENNIS J
Address: 16731 SE 181 TERRACE
City-St-Zip: WEIRSDALE, FL 32195

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DENNIS J. GRIFFIN

PRES

03/12/2005

Electronic Signature of Signing Officer or Director

_____ Date