## 2007 FOR PROFIT CORPORATION

**FILED** Apr 23, 2007 08:00 A State

ANNUAL REPURI						
1. Entity Name	MENT # J70923 CCRAFT, INC.				Se	ecretary of S
Principal Place of Business  2650 SOUTH MELLONVILLE AVENUE SANFORD, FL 32773 US  AMBILITY AND ADDRESS  Mailing Address  2650 SOUTH MELLONV SANFORD, FL 32773			/ENUE		1 10 KIE 1109 B 1211 B1211 B13	10 8000 8000 8000 8000 8000 10 800
				04122007 No	Chg-P CR	2E034 (11/05)
DO NOT WRITE IN THIS SPA			CE	4. FEI Number 59-2796016	<u> </u>	Applied For Not Applicable
				5. Certificate of Status	s Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current Re	gistered Agent	1	·		
MEYER, KENT 2650 SOUTH MELLONVILLE AVENUE SANFORD, FL 32773			DO NOT WRITE IN THIS SPACE  red office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept			
the obligation	named entity submits this stalement for the one of registered agent	ne purpose of changing its register	ed office or registe	red agent, or both, in the	State of Fiorida. 1	i am iamiliar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and	title if applicable (NOTE Register	ad Agent signeture require	d when reinstating)	D/	ATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution.				.00 May Be ded to Fees		
10.	OFFICERS AND D	RECTORS				
TITLE NAME STREET ADDRESS GITY - ST - ZIP	P ROTH, JERRY 2650 SOUTH MELLONVILLE AVE SANFORD, FL 32773	NUE				
NAME STREET ADDRESS CITY ST-ZIP	VP MEYER, KENT 2650 SOUTH MELLONVILLE AVE SANFORD, FL 32773	NUE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NO	OT WRI	TE

## IN THIS SPACE

U00000720726 05/01/07-80117-011 150.00

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 all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME

STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> Terry S ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND T

4/12/07

407-323-188