


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2008 08:00 AM
Secretary of State

DOCUMENT # J87037 1. Entity Name CRAFT CONCEPTS, INC.		
Principal Place of Business 3178 REGATTA SARASOTA, FL 34231 US		Mailing Address 3178 REGATTA CIR SARASOTA, FL 34231 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ANDERSON, PHYLLIS 3178 REGATTA CIR SARASOTA, FL 34231		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U000000878886 04/14/08-80073-021 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDERSON, PHYLLIS M. 3178 REGATTA CIR SARASOTA, FL	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DUPONT, DIANE 315 PALMETTO RD NOKOMIS, FL 34275	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE 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 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: <i>Phyllis M. Anderson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/1/08 941-921-3137 <small>Date Daytime Phone #</small>