


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # L10424 1. Entity Name C T WOODCRAFTING, INC.	
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Principal Place of Business 304 WARFIELD AVE S 11 VENICE, FL 34285 US	Mailing Address 730 SOUTH VENICE BLVD. VENICE, FL 34293 US
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DO NOT WRITE IN THIS SPACE



04032006 No Chg-P CRZE034 (11/05)

4. FEI Number 65-0137095	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THEIS, LARRY ANTHONY
730 SOUTH VENICE BLVD
VENICE, FL 34293

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 _____ DATE _____
Signature, typed or printed name of registered agent and this if applicable (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000492858 04/19/06-80082-008 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD THEIS, LARRY ANTHONY 730 S VENICE BLVD VENICE FL, 34293
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CLARKSON, DAVID PORTER 730 S VENICE BLVD VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SWITZER, RALPH VINCENT 5335 PHEASANT LANE FT. COLLINS, CO
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: David Clarkson David Clarkson 4/3/06 (941) 485-9010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #