2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L10424

1. Entity Name
C T WOODCRAFTING, INC.

Principal Place of Business	Mailing Address
304 WARFIELD AVE S 11 VENICE, FL 34285 US	730 SOUTH VENICE BLVD. VENICE, FL 34293 US

04022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0137095
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	THEIS, LARRY ANTHONY
STREET ADDRESS	730 S VENICE BLVD
CITY-ST-ZIP	VENICE FL, 34293
TITLE	SD
NAME	CLARKSON, DAVID PORTER
STREET ADDRESS	730 S VENICE BLVD
CITY-ST-ZIP	VENICE, FL 34293
TITLE	D
NAME	SWITZER, RALPH VINCENT
STREET ADDRESS	5335 PHEASANT LANE
CITY-ST-ZIP	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 4/3/07 941 485 9010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #