

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L10424

Entity Name: C T WOODCRAFTING, INC.

FILED  
Apr 15, 2009  
Secretary of State

## Current Principal Place of Business:

304 WARFIELD AVE S  
11  
VENICE, FL 34285 US

## New Principal Place of Business:

## Current Mailing Address:

730 SOUTH VENICE BLVD.  
VENICE, FL 34293 US

## New Mailing Address:

FEI Number: 65-0137095

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

THEIS, LARRY ANTHONY  
730 SOUTH VENICE BLVD  
VENICE, FL 34293 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: PD ( ) Delete  
Name: THEIS, LARRY ANTHONY  
Address: 730 S VENICE BLVD  
City-St-Zip: VENICE FL, 34293

Title: SD ( ) Delete  
Name: CLARKSON, DAVID PORTER  
Address: 730 S VENICE BLVD  
City-St-Zip: VENICE, FL 34293

Title: D ( ) Delete  
Name: SWITZER, RALPH VINCENT  
Address: 5335 PHEASANT LANE  
City-St-Zip: FT. COLLINS, CO

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DAVID PORTER CLARKSON

SD

04/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date