


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # L90714 1. Entity Name ARTISAN WOODCRAFT, INC.	
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Principal Place of Business 1255 S MILITARY TRAIL SUITE 200 DEERFIELD BCH, FL 33442 US	Mailing Address 1255 S MILITARY TRAIL SUITE 200 DEERFIELD BCH, FL 33442 US
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04182008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0218609	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent WALDMAN, ANA MARIA 1255 S MILITARY TRAIL SUITE 200 DEERFIELD BCH, FL 33442
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT WALDMAN, ANDREW C. 1255 S MILITARY TRAIL, SUITE 200 DEERFIELD BCH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS WALDMAN, ANA MARIA 1255 S MILITARY TRAIL, SUITE 200 DEERFIELD BCH, FL 33442
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06/02/08-80025-010 150.00

**DO NOT WRITE
IN THIS SPACE**

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: A.M. Waldman A.M. Waldman 4/24/08 954-426-2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #