

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90204 035 ***150.00

DOCUMENT # P00000046318

1. Entity Name
TRUE WOOD CRAFT, INC.



Principal Place of Business
**6702 LAND O LAKES BLVD
LAND O LAKES, FL 34639
6401 N. 50TH ST
Tampa FL 33610**

Mailing Address
**P O BOX 788
LAND O LAKES, FL 34639
6401 N. 50TH ST
Tampa FL 33610**

DO NOT WRITE IN THIS SPACE



04182006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3656218

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

~~DECOIT, DONALD P ESQ.~~
~~106 SOUTH TAMPA AVENUE~~
~~SUITE 200~~
~~TAMPA, FL 33609~~
Harold L. Harkins, Jr.
2803 W. Busch Blvd.
Suite 112
Tampa FL 33618

**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 Harold L. Harkins, Jr.
Signature, typed or printed name of registered agent, and title if applicable.

Harold L. Harkins, Jr.
(NOTE: Registered Agent signature required when reinstating)

4-18-06
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
**PD
MORMANN, DAVID R
P O BOX 788
LAND O LAKES, FL 34639**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP


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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: David R. Mormann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/06 8136302522
Date Daytime Phone #

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # R00000046318		
1. Entity Name TRUE WOOD CRAFT, INC.		

Principal Place of Business 6702 LAND O LAKES BLVD LAND O LAKES, FL 34639	Mailing Address P O BOX 788 LAND O LAKES, FL 34639
---	--

2. Principal Place of Business 6401 N. 50th St.	3. Mailing Address 6401 N. 50th St
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State TAMPA FL	City & State TAMPA FL
Zip 33610	Country Hillsborough
Zip 33610	Country Hillsborough

6. Name and Address of Current Registered Agent DECORT, DONALD P ESQ. 106 SOUTH TAMPANIA AVENUE SUITE 200 TAMPA, FL 33609	
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ATTACHMENT
40067340
[REDACTED]

03082006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3656218	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent Name HARKINS, HAROLD L. JR Street Address (P.O. Box Number is Not Acceptable) 2803 Bosch BLVD W City TAMPA FL Zip Code 33618	

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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORMANN, DAVID R P O BOX 788 LAND O LAKES, FL 34639 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____