
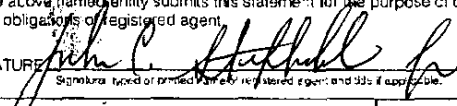
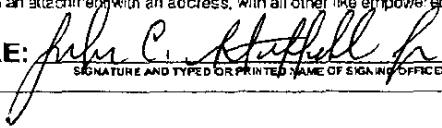


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000003893			
1. Entity Name DESIGN CRAFTERS OF FT. MYERS, INC.			
Principal Place of Business 12120 AMEDICUS AVE FT MYERS, FL 33907		Mailing Address 12120 AMEDICUS AVE FT MYERS, FL 33907	
2. Principal Place of Business - No P.O. Box # 3515 Edison Ave.		3. Mailing Address P.B. Box 3335	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State FT. MYERS FL		City & State FT. MYERS FL	
4. FEI Number 65-1063894		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		08112008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent STAFFELD, JOHN C JR 12120 AMEDICUS AVE FT MYERS, FL 33907		7. Name and Address of New Registered Agent Name John Staffeld, Jr. Street Address (P.O. Box Number is Not Acceptable) 3515 Edison Ave. City FT. MYERS FL Zip Code 33916	
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 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAFFELD, JOHN C JR 12120 AMEDICUS AVE FT MYERS, FL 33907 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Staffeld, John Jr. 3515 Edison Ave FT. MYERS, FL 33907 <input checked="" 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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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
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: 		Date _____ Daytime Phone # _____	

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