

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000070731  
1. Entity Name  
AUTOCRAFT MANAGEMENT CORPORATION



Principal Place of Business  
754 ELKAM CIR.  
MARCO ISLAND, FL 34145

Mailing Address  
1104 N COLLIER BLVD  
MARCO ISLAND, FL 34145



02172005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3740417

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

GREUSEL, JAMIE B  
C/O BERRY & GREUSEL  
1104 N COLLIER BLVD  
MARCO ISLAND, FL 34145

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME BORDEN, ERNEST  
STREET ADDRESS 754 ELKREM CIR  
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE ST  
NAME MEEKA, BRAD  
STREET ADDRESS 754 ELKAM CIR  
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE AS  
NAME JUREWICS, JERILYN  
STREET ADDRESS 754 ELKAM CIR  
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000282678  
03/31/05-80050-019 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERNEST BORDEN 3/28/05 2396425309

Date

Daytime Phone #