2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P01000083393

1. Entity Name

TRUE CRAFT CONTRACTING CO.

Principal Place of Business	Mailing Address
4124 TYNDALE DRIVE BRANDON FL 33511	4124 TYNDALE DRIVE BRANDON FL 33511

1st MOORE   CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address		
Suite, Apt #, etc.	Suite, Apt #, etc		
City & State	City & State	**4. FEI Number** 59-3740114	Applied For / Not Applicable
Zip	Country	Zip	Country

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SMITH, DONNA L 4124 TYNDALE DRIVE BRANDON FL 33511	Name Street Address (P.O. Box Number is Not Acceptable) City _____ FL Zip Code

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 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SMITH, TODD A		NAME	U00000254281	
STREET ADDRESS	4124 TYNDALE DRIVE		STREET ADDRESS	03/07/05-80067-022 150.00	
CITY-ST-ZIP	BRANDON FL 33511		CITY-ST-ZIP		
TITLE	STD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SMITH, DONNA L		NAME		
STREET ADDRESS	4124 TYNDALE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BRANDON FL 33511		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: _Donna L Smith_   3-1-05   813-654-5176

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