


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2007 8:00 am**  
**Secretary of State**

01-19-2007 90021 035 \*\*\*150.00


<b>DOCUMENT # P01000083393</b>	
1. Entity Name TRUE CRAFT CONTRACTING CO.	

Principal Place of Business 5876 FISHHAWK RIDGE DR., BOX 60 LITHIA, FL 33547	Mailing Address 5876 FISHHAWK RIDGE DR., BOX 60 LITHIA, FL 33547
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2. Principal Place of Business - No P.O. Box # 4124 TYNDALE DR	3. Mailing Address 4124 TYNDALE DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State BRANDON, FL	City & State BRANDON, FL
Zip 33511	Zip 33511
Country HILLS	Country HILLS

**50000540**




01062007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3740114	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SMITH, TODD A 5876 FISHHAWK RIDGE DR., BOX 60 LITHIA, FL 33547	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4124 TYNDALE DR City BRANDON FL Zip Code 33511
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Address  
CHANGE  
ONLY

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.

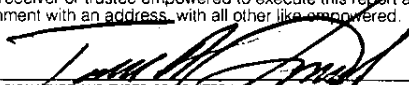
SIGNATURE:  DATE: \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	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 SMITH, TODD A 4124 TYNDALE DRIVE BRANDON, FL 33511 <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:**  **1/6/07 (F13) 760-4053**

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