## 2005 FOR PROFIT CORPORATION \_\_\_ANNUAL REPORT

## FILED Apr 28, 2005 08:00 AM Secretary of State

| 1. Entity Nan<br>PRIDE A                          | MENT # P010000<br>ND CRAFTMANSHIP MA<br>ANY, INC.   | - · ·  |                         | Secretary of S  | lau      |
|---|---|--|-------------------------|---|----------|
| 805 BOARD   | ce of Business<br>WALK DR., APT, 515<br>RA BEACH, FL 32082  | Mailing Address<br>805 BOARDWALK DR., APT. 9<br>PONTE VEDRA BEACH, FL 33 |                         |   |          |
| ·   | O NOT WOLT  | T IN THE ODA   | OF                      | 04222005 No Chg-P CR2E034 (10/03)   |          |
| L   |   | E IN THIS SPA  | CE                      | 4. FEI Number Applied For 31-1819063 Not Applied  5. Certificate of Status Desired Fee Required  4. FEI Number Applied For Not Applied For Required   |          |
| 4745 SUT<br>SUITE 103                             | 6. Name and Address of Curre<br>6. DAVID H ESQ<br>TON PARK COURT<br>3<br>IVILLE, FL 32224   | ent Registered Agent   |                         | DO NOT WRITE<br>IN THIS SPACE   |          |
| 8. The above the obligation SIGNATURE.            | named entity submits this statementions of registered agent.  Signature, typod or punion name of registered ag  |  | ared office or register | ered agent, or both, in the State of Florida. I am familiar with, and acce  | ept      |
| FIL<br>After M                                    | E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$55  | 9. Election Campaign Fina  | ancing _ \$5.           | 5.00 May Be ided to Fees  | <u>=</u> |
| 10.<br>TITLE<br>NAME<br>STREET ADDRESS            | OFFICERS AND DISCUSSION OF STREET OF ST | NO DIRECTORS   |                         |   |          |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | PONTE VEDRA BEACH, FL. 3  | ·  |                         | U00000338887<br>04/28/05-80054-008 150.00   |          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP    |   |  |                         | DO NOT WRITE  |          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP    |   |  |                         | IN THIS SPACE   |          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP    |   |  | _                       |   | -        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP    |   |  |                         |   | Senar 1  |
| indicated   | on this report of supplemental repor  | I is true and accurate and that my sign:                                 | ature shall have the s  | ection 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath, that I am an officer or directo 17, Florida Statutes, and that my name appears in Block 10 or Block 11 | )[ ]     |
| SIGNAT  |   | A PRINTED NAME OF SIGNING OFFICER OR DIRECT                              | CTOR                    | Date Daydine Phone #  | <u></u>  |