2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State
05-02-2007 90054 028 ***150.00

DOCUMENT # P01000094855

1. Entity Name
PRIDE AND CRAFTMANSHIP MANAGEMENT CORMPANY, INC.

Principal Place of Business	Mailing Address
805 BOARDWALK DR., APT. 515 PONTE VEDRA BEACH, FL 32082	805 BOARDWALK DR., APT. 515 PONTE VEDRA BEACH, FL 32082

04262007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4235 Marsh Landing Blvd.	4235 Marsh Landing Blvd.
Suite, Apt. #, etc.: # 433	Suite, Apt. #, etc.: # 433
City & State: Jacksonville Beach FL	City & State: Jacksonville Beach FL
Zip: 32250 Country: USA	Zip: 32250 Country: USA

4. FEI Number: 31-1819063 ☐ Applied For ☐ Not Applicable

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
MCQUAIG, DAVID H ESQ 4745 SUTTON PARK COURT SUITE 103 JACKSONVILLE, FL 32224	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D GILLILAND, JOHN H 805 BOARDWALK DR., APT. 515 PONTE VEDRA BEACH, FL 32082	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P/S/T Gilliland, John H. 4235 Marsh Landing Blvd., # 433 Jacksonville Beach, FL 32250	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: John H. Gilliland Pres. 4/27/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #