

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 19, 2004 8:00 am
Secretary of State

05-19-2004 90011 025 ***150.00

DOCUMENT # P02000044164

1. Entity Name

FLORIDA CRAFTSMAN, INC. BAY AREA



Principal Place of Business

835 14TH AVE SOUTH
ST PETERSBURG FL 33701

Mailing Address

835 14TH AVE SOUTH
ST PETERSBURG FL 33701

2. Principal Place of Business

6157 Midnight Pass Rd.

Suite, Apt. #, etc.

A-11

3. Mailing Address

6157 Midnight Pass Rd.

Suite, Apt. #, etc.

A-11

City & State

Sarasota, FL.

City & State

Sarasota, FL.

Zip

34242

Country

USA

Zip

34242

Country

USA



MOORE

CR2E034 (11/03)

4. FEI Number

04-3636662

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CICORA, GLENN
835 14TH AVE SOUTH
ST PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name: Glenn M. Cicora

Street Address (P.O. Box Number is Not Acceptable)

6157 Midnight Pass Rd. A-11

City: Sarasota

FL

Zip Code

34242

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

Glenn M. Cicora - Glenn M. Cicora; President 5/8/04

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, 2004 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

TITLE P ☐ Delete
NAME: CICORA, GLENN M
STREET ADDRESS 835 14TH AVE S
CITY-ST-ZIP SAINT PETERSBURG FL 33701

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: Glenn M. Cicora Glenn M. Cicora; President 5/8/04 (941)266-7134

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Doc. # P02000044164

54054776

To whom It May Concern, 5/8/04

I received this report
on 5/7/04 & mailed
immediately on 5/8/04.

The delay was out of my
control. Please file this
with the appropriate office.

Thank you

Glenn Cruz