## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000044164

Entity Name: FLORIDA CRAFTSMAN, INC. BAY AREA

FILED Feb 12, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6157 MIDNIGHT PASS RD 5206 TURTLE CREEK LANE A-11 SARASOTA, FL 34232

SARASOTA, FL 34242

Current Mailing Address: New Mailing Address:

6157 MIDNIGHT PASS RD
5206 TURTLE CREEK LANE
A-11 SARASOTA, FL 34232
SARASOTA, FL 34242

FEI Number: 04-3636662 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CICORA, GLENN M
6157 MIDNIGHT PASS RD A-11
5206 TURTLE CREEK LANE
SARASOTA, FL 34242 US
SARASOTA, FL 34232 US

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.

SIGNATURE: 02/12/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 CICORA, GLENN M
 Name:
 CICORA, GLENN M

 Address:
 6157 MIDNIGHT PASS RD. #A11
 Address:
 5206 TURTLE CREEK LANE

 City-St-Zip:
 SARASOTA, FL 34242
 City-St-Zip:
 SARASOTA, FL 34232

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLENN M. CICORA P 02/12/2007