

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 25, 2005 08:00 AM  
Secretary of State

DOCUMENT # P02000089849

1. Entity Name

CRAFTERS LAMPS SHADES & GIFTS, INC.



Principal Place of Business

9209 SEMINOLE BLVD.  
#134  
SEMINOLE FL 33772

Mailing Address

9209 SEMINOLE BLVD.  
#134  
SEMINOLE FL 33772

2. Principal Place of Business

Suite, Apt #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt #, etc.

City & State

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number 54-2079070

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARMISTEAD, JERI ANN  
9209 SEMINOLE BLVD  
#134  
SEMINOLE FL 33772

7. Name and Address of New Registered Agent

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

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, 2005 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 NAME ☐ Delete  
D ARMISTEAD, JERI ANN  
STREET ADDRESS 9209 SEMINOLE BLVD. #134  
CITY- ST- ZIP SEMINOLE FL 33772

TITLE NAME ☐ Delete  
D MYERS, DANIEL N E  
STREET ADDRESS 9209 SEMINOLE BLVD. #134  
CITY- ST- ZIP SEMINOLE FL 33772

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP  
000000327462  
04/25/05-80038-015 150.00

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

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

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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: *Jeri Ann Armistead* JERI ANN ARMISTEAD, DIRECTOR 04-21-05 721-515-0051

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #