

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000089849

FILED
Mar 08, 2006
Secretary of State

Entity Name: CRAFTERS LAMPS SHADES & GIFTS, INC.

Current Principal Place of Business:

9209 SEMINOLE BLVD.
#134
SEMINOLE, FL 33772

New Principal Place of Business:

Current Mailing Address:

9209 SEMINOLE BLVD.
#134
SEMINOLE, FL 33772

New Mailing Address:

FEI Number: 54-2079070 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ARMISTEAD, JERI ANN
Address: 9209 SEMINOLE BLVD. #134
City-St-Zip: SEMINOLE, FL 33772

Title: D () Delete
Name: MYERS, DANIEL N E
Address: 9209 SEMINOLE BLVD. #134
City-St-Zip: SEMINOLE, FL 33772

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MYERS, DANIEL E
Address: 9209 SEMINOLE BLVD. #134
City-St-Zip: SEMINOLE, FL 33772

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: JERI ANN ARMISTEAD

D

03/08/2006

Electronic Signature of Signing Officer or Director

_____ Date