

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90089 039 \*\*\*150.00

**DOCUMENT # P02000094351**

1. Entity Name  
FLORIDA CRAFTSMAN, INC.



Principal Place of Business  
3988 MANATEE AVENUE EAST  
SUITE 2C  
BRADENTON, FL 34208

Mailing Address  
3988 MANATEE AVENUE EAST  
SUITE 2C  
BRADENTON, FL 34208



02282004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
37-1441317  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BERGS, ROBERT L  
3988 MANATEE AVE EAST, #2C  
BRADENTON, FL 34208

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
SALZLEIN, EARL L  
1560 S. ORANGE AVE.  
FORT MEADE, FL 33841

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
PRESSLEY, MICHELLE L  
8105 OAK DR.  
PALMETTO, FL 34221

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BERGS, ROBERT L  
3988 MANATEE AVE, E #2C  
BRADENTON, FL 34208

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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: *Michelle L. Preney* Secretary Date: 3/12/04 Daytime Phone #: 1941 7489111  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR