

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

0596787 AV

04-28-2003 90973 036 ***158.75

DOCUMENT # P02000115042



1. Entity Name
CRAFT MASTERS MILLWORKS INC.

Principal Place of Business
**2425 OLD VINELAND ROAD
KISSIMMEE FL 34746**

Mailing Address
**2425 OLD VINELAND ROAD
KISSIMMEE FL 34746**



2. Principal Place of Business
5324 Barefoot Path

3. Mailing Address
5324 Barefoot Path

CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Kissimmee Fl.

City & State
Kissimmee Fl.

4. FEI Number
11-3656143

Applied For
 Not Applicable

Zip Country
34746 Osceola

Zip Country
34746 Osceola

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HANEY, EDITH E
2425 OLD VINELAND ROAD
KISSIMMEE FL 34746**

Name
HANEY, EDITH E.
Street Address (P.O. Box Number is Not Acceptable)
5324 Barefoot Path

City
Kissimmee FL Zip Code
34746

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 *Edith E. Haney*
Signature, typed or printed name of registered agent and title if applicable.

Edith E. Haney
(NOTE: Registered Agent signature required when reinstating)

4-10-03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **D HANEY, EDITH E**
STREET ADDRESS **1970 E. OSCEOLA PKWY #337**
CITY-ST-ZIP **KISSIMMEE FL 34743**

TITLE Change Addition
NAME **HANEY, EDITH E.**
STREET ADDRESS **5324 Barefoot Path**
CITY-ST-ZIP **Kissimmee, FL 34746**

TITLE Delete
NAME **D HANEY, KEITH**
STREET ADDRESS **1970 E. OSCEOLA PKWY #337**
CITY-ST-ZIP **KISSIMMEE FL 34743**

TITLE Change Addition
NAME **HANEY, KEITH**
STREET ADDRESS **5324 Barefoot Path**
CITY-ST-ZIP **Kissimmee, FL 34746**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
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: *Edith E. Haney*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-03 321-443-2021
Date Daytime Phone #

CR2E034 (10/02)