

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

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

04-28-2003 90973 036 \*\*\*158.75

0596787 AV

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**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

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  
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STREET ADDRESS  
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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)