

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 23, 2006 8:00 am
Secretary of State

02-16-2006 90056 015 ***150.00

DOCUMENT # P03000032607 1. Entity Name 3R CRAFT INC.			
Principal Place of Business P O BOX 570254 ORLANDO, FL 32857		Mailing Address P O BOX 570254 ORLANDO, FL 32857	
2. Principal Place of Business 4641 SUNSAIL CIR Suite, Apt. #, etc.		3. Mailing Address → SAME Suite, Apt. #, etc.	
City & State DESTIN, FL		City & State _____	
Zip 32541		Zip _____	
Country _____		Country _____	
4. FEI Number 03-0511240		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VEVERKA, MILOSLAV 3730 CONDEL DRIVE ORLANDO, FL 32812		7. Name and Address of New Registered Agent Name MILOSLAV VEVERKA Street Address (P.O. Box Number is Not Acceptable) 4641 SUNSAIL CIR City DESTIN FL Zip Code 32541	
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 <u><i>[Signature]</i></u> DATE 02/10/06 Signature typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reappointing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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 P NAME VEVERKA, MILOSLAV STREET ADDRESS P O BOX 570254 RD, #107 CITY-ST-ZIP ORLANDO, FL 32857	☐ Delete	TITLE PRESIDENT NAME MILOSLAV VEVERKA STREET ADDRESS 4641 SUNSAIL CIR. CITY-ST-ZIP DESTIN, FL 32541	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE SECRETARY NAME JANA VEVERKOVA STREET ADDRESS 4641 SUNSAIL CIR CITY-ST-ZIP DESTIN, FL 32541	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>[Signature]</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 02/10/06 Daytime Phone #	

66006681



01082006 Chg-P CR2E034 (11/05)



ATTACHMENT

66806681

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 20, 2006

3R CRAFT INC.
4641 SUNSAIL CIR
DESTIN, FL 32541

Subject: 3R CRAFT INC.

Reference Number:

P03000032607

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm

ANNUAL REPORTS SECTION