

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000070675

1. Entity Name  
WOODMEISTER CRAFTS, INC.



Principal Place of Business  
5302 S.W. 87TH TERRACE  
COOPER CITY, FL 33328

Mailing Address  
5302 S.W. 87TH TERRACE  
COOPER CITY, FL 33328

**FILED**  
**May 07, 2007 08:00 A**  
**Secretary of State**



05032007 No Chg-P CR2E034 (11/05)

4. FEI Number 32-0090664	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

OVERFIELD, JAMES EDWARD  
5302 S.W. 87TH TERRACE  
COOPER CITY, FL 33328

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

0000000762169  
05/25/07-00000-001-150.00  
DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	OVERFIELD, JAMES EDWARD
STREET ADDRESS	5302 S.W. 87TH TERRACE
CITY-ST-ZIP	COOPER CITY, FL 33328

**DO NOT WRITE  
IN THIS SPACE**

TITLE	
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CITY-ST-ZIP	

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TITLE	
NAME	
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CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/07  
Date

Daytime Phone #