

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000074310

FILED  
Jan 03, 2007  
Secretary of State

**Entity Name:** R.J. CRAFTS AND SUPPLIES CORP.

**Current Principal Place of Business:**

8570 FOREST OAKS BLVD  
SPRING HILL, FL 34606

**New Principal Place of Business:**

3021 COMMERCIAL WAY  
SPRING HILL, FL 34606

**Current Mailing Address:**

8570 FOREST OAKS BLVD  
SPRING HILL, FL 34606

**New Mailing Address:**

4030 LANDOVER BLVD  
SPRING HILL, FL 34609

FEI Number: 20-0062715

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AUFIERO, JOAN M PRES  
4030 LANDOVER BLVD  
SPRINGHILL, FL 34609 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: SEC ( ) Delete  
Name: KING, RITA A  
Address: 4030 LANDOVER  
City-St-Zip: SPRING HILL, FL 34609

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOAN AUFIERO

OWNE

01/03/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date