

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P03000121275

1. Entity Name

ED FLECHTNER CUSTOM CRAFTERS, INC.



FILED

Apr 11, 2005 08:00 AM
Secretary of State

Principal Place of Business
7696 SE 180TH AVE ROAD
OCKLAWAHA FL 32179

Mailing Address

7696 SE 180TH AVE ROAD
OCKLAWAHA FL 32179

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NO-T APPLICABLE

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLECHTNER, ED
7696 SE 180TH AVE ROAD
OCKLAWAHA FL 32179

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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 P
NAME FLECHTNER, ED
STREET ADDRESS 7696 SE 180TH AVE RD
CITY-ST-ZIP OCKLAWAHA FL 32179

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE T
NAME FLECHTNER, MEGAN
STREET ADDRESS 7696 SE 180TH AVE RD
CITY-ST-ZIP OCKLAWAHA FL 32179

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000297129 Change
04/11/05-80014-022 150.00 Addition

TITLE S
NAME FLECHTNER, RYAN
STREET ADDRESS 7696 SE 180TH AVE RD
CITY-ST-ZIP OCKLAWAHA FL 32179

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

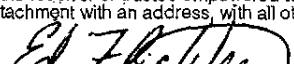
Delete

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 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:  ED FLECHTNER President 4/8/05 352-454-5830
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #