

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90292 039 ***150.00

DOCUMENT # P03000144417

1. Entity Name
CRAFTMEN BUILDERS, INC.



Principal Place of Business
1993 W ALBURY PLACE
CITRUS SPRINGS, FL 34434

Mailing Address
1993 W ALBURY PLACE
CITRUS SPRINGS, FL 34434

2. Principal Place of Business

1933 W. Albury Place
Suite, Apt. #, etc.

3. Mailing Address

1933 W. Albury Place
Suite, Apt. #, etc.



04162005 Chg-P CR2E034 (10/03)

City & State

Citrus Springs FL
34434 USA

City & State

Citrus Springs FL
34434 USA

4. FEI Number
03-0532279

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIXON, KEVIN K
151 E. HIGHLAND BLVD.
INVERNESS, FL 34452

7. Name and Address of New Registered Agent

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME HAGEN, SANDRA L
STREET ADDRESS 1993 W ALBURY PLACE
CITY-ST-ZIP CITRUS SPRINGS, FL 34434 ☐ Delete

TITLE VST
NAME HAGEN, MATTHEW P
STREET ADDRESS 1993 W ALBURY PLACE
CITY-ST-ZIP CITRUS SPRINGS, FL 34434 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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:

Sandra L. Hagen

SANDRA L. HAGEN

4/16/05

352-465-3060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #