
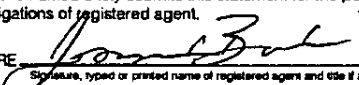
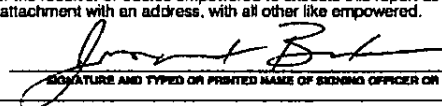


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

04-23-2004 90200 042 ***150.00

DOCUMENT # P03000158470			
1. Entity Name CRAFTED CABINETRY INC.			
Principal Place of Business 7618 WHISPER WOODS COURT NEW PORT RICHEY, FL 34655		Mailing Address 7618 WHISPER WOODS COURT NEW PORT RICHEY, FL 34655	
2. Principal Place of Business 731 PENT STREET Suite, Apt. #, etc.		3. Mailing Address 731 PENT ST. Suite, Apt. #, etc.	
City & State TARPON SPRINGS, FL Zip 34689 Country USA		City & State TARPON SPRINGS, FL Zip 34689 Country USA	
4. FEI Number 20-0536674		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04212004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent BACH, JOSEPH 7618 WHISPER WOODS COURT NEW PORT RICHEY, FL 34655		7. Name and Address of New Registered Agent Name JOSEPH BACH Street Address (P.O. Box Number is Not Acceptable) 731 PENT ST. City TARPON SPRINGS FL Zip Code 34689	
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  JOSEPH BACH, PDS 4/21/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS BACH, JOSEPH 7618 WHISPER WOODS COURT NEW PORT RICHEY, FL 34655 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS BACH, JOSEPH (NEW INFO) 731 PENT ST. TARPON SPRINGS, FL 34689 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 		4/21/04 727 934-4064 Date Daytime Phone #	