# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 30, 2005**
**Secretary of State**

DOCUMENT# P04000002093

**Entity Name:** HANDCRAFTED FOODS, INC.

**Current Principal Place of Business:**

2272 SE SEAFURY LN
PORT ST LUCIE, FL 34952

**New Principal Place of Business:**

1655 SW NORMAN LANE
PORT ST LUCIE, FL 34984

**Current Mailing Address:**

2272 SE SEAFURY LN
PORT ST LUCIE, FL 34952

**New Mailing Address:**

1655SW NORMAN LANE
PORT ST LUCIE, FL 34984

**FEI Number: 20-0559560** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

BARTOLI, MICHAEL A
2272 SE SEAFURY LN
PORT ST LUCIE, FL 34952 US

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

BARTOLI, MICHAEL A
1655 SW NORMAN LANE
PORT ST LUCIE, FL 34984 US

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: MICHAEL A. BARTOLI 04/30/2005
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PS ( ) Delete
Name: BARTOLI, MICHAEL A
Address: 2272 SE SEAFURY LN
City-St-Zip: PORT ST LUCIE, FL 34952

Title: T ( ) Delete
Name: WELLS, STPHEN L JR
Address: 2272 SE SEAFURY LN
City-St-Zip: PORT ST LUCIE, FL 34952

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

Title: PS (X) Change ( ) Addition
Name: BARTOLI, MICHAEL A
Address: 1655 SW NORMAN LANE
City-St-Zip: PORT ST LUCIE, FL 34984

Title: T (X) Change ( ) Addition
Name: WELLS, STEPHEN L JR
Address: 1655 SW NORMAN LANE
City-St-Zip: PORT ST LUCIE, FL 34984

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL A. BARTOLI PS 04/30/2005
Electronic Signature of Signing Officer or Director Date