

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR) - 2006**

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06 AUG -1 AM 8:59

TALENT, FLORIDA

DOCUMENT # P04000007781

1. Entity Name

THE CUSTOM CRAFTSMAN INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

206 RINGWOOD DR.

3. Mailing Address

Suite, Apt. #, etc.

SAME

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

05-06

City & State

WINTER SPRINGS, FL

City & State

4. FEI Number

58-2681306

Applied For

Not Applicable

Zip

32708

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name JOHN STRAUT

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

206 RINGWOOD DR.

City WINTER SPRINGS

FL

Zip Code

32708

**DO NOT WRITE
IN THIS SPACE**

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP
P/S/D JOHN STRAUT 206 RINGWOOD DR. WINTER SPRINGS, FL 32708

TITLE NAME STREET ADDRESS CITY-ST-ZIP
700078465567 08/08/06--01024--001 **300.00

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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 on an attachment with an address, with or without other life empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/27/06

Date

Daytime Phone #

CR2E034B (12/02)

JULY 27, 2006

FLORIDA DEPT. OF STATE

TALLAHASSEE, FL

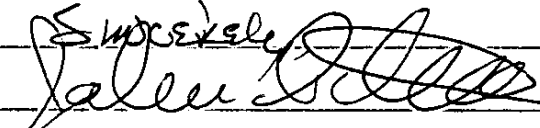
RE: THE CUSTOM CRAFTSMAN INC.

GENTLEMEN:

I HAVE ENCLOSED A CHECK FOR \$300. AND THE UBR'S FOR 2005 AND 2006. SINCE THIS WAS MY FIRST CORPORATION, I WAS NOT AWARE OF THE ANNUAL FILING REQUIREMENT. I MOVED FROM THE ORIGINAL CORPORATE ADDRESS AND DID NOT RECEIVE THE POSTCARD TO DOWNLOAD THE ANNUAL REPORT. I WASN'T AWARE THAT THE CORPORATION HAD BEEN DISSOLVED UNTIL I APPLIED TO RENEW MY WORKMAN COMP. INSURANCE.

I RESPECTFULLY REQUEST AN ABATEMENT OF LATE FILING FEES AND A REINSTATEMENT OF MY CORPORATION. I PROMISE THAT I WILL NEVER BE LATE AGAIN.

THANKS IN ADVANCE FOR YOUR HELP.

Sincerely,

JOHN STROUT