1 of 2

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR) - 2006

FILED
06 AUG -1 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000007781

1. Entity Name
THE CUSTOM CRAFTSMAN INC

DO NOT WRITE IN THIS SPACE

REINSTATEMENT
DO NOT WRITE IN THIS SPACE 05-06

2. Principal Place of Business	3. Mailing Address	4. FEI Number	Applied For
206 RINGWOOD DR.	SAME	58-2681306	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State: WINTER SPRINGS, FL	City & State		
Zip: 32708 / Country	Zip / Country	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: JOHN STROUT

Street Address (P.O. Box Number is Not Acceptable): 206 RINGWOOD DR.

City: WINTER SPRINGS FL Zip Code: 32708

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 P/S/D NAME JOHN STROUT STREET ADDRESS 206 RINGWOOD DR. CITY-ST-ZIP WINTER SPRINGS, FL 32708		TITLE NAME STREET ADDRESS CITY-ST-ZIP	700078465567 08/08/06--01024--001 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E034B (12/02)

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 all other like empowered.

SIGNATURE: _____ 7/27/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B. Mitchell AUG 4 2006

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 DISOLVED UNTIL I APPLIED TO RENEW MY WORKMAN COMP. INSURANCE.

I RESPECFULLY 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