

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000121390

1. Entity Name
CRAFT AND WEBSTER STRUCTURAL ENGINEERS, INC



Principal Place of Business
**129 HIGHPOINT DRIVE
GULF BREEZE, FL 32561**

Mailing Address
**129 HIGHPOINT DRIVE
GULF BREEZE, FL 32561**



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
55-0885869

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CRAFT, ROGER A
129 HIGHPOINT DRIVE
GULF BREEZE, FL 32561**

**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, 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, 2006 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CRAFT, ROGER A
STREET ADDRESS	129 HIGHPOINT DRIVE
CITY-ST-ZIP	GULF BREEZE, FL 32561
TITLE	V
NAME	WEBSTER, SCOTT H
STREET ADDRESS	3505 GULFWOOD DRIVE E.
CITY-ST-ZIP	MOBILE, AL 36608
TITLE	S
NAME	CRAFT, CLAIRE G
STREET ADDRESS	129 HIGHPOINT DRIVE
CITY-ST-ZIP	GULF BREEZE, FL 32561
TITLE	T
NAME	WEBSTER, JENNIFER B
STREET ADDRESS	3505 GULFWOOD DRIVE E.
CITY-ST-ZIP	MOBILE, AL 36608
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/17/06-80028-015 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #