
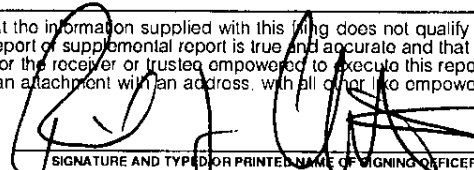


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 16, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P04000145203</b>					
1. Entity Name <b>CRAFT ALUM. INC.</b>					
Principal Place of Business <b>712 67TH AVE. W. BRADENTON FL 34207</b>			Mailing Address <b>712 67TH AVE. W. BRADENTON FL 34207</b>		
2. Principal Place of Business - No P.O. Box # <b>712 67th Ave W.</b>			3. Mailing Address <b>Same</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>Bradenton FL</b>			City & State <b>Same</b>		
Zip <b>34207</b>	Country <b>manatee</b>	Zip	Country <b>Same</b>	4. FEI Number <b>42-1648721</b>	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>HECKMAN, DONALD H 2335 J 63RD AVE EAST BRADENTON FL 34203</b>			7. Name and Address of New Registered Agent		
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City			<b>FL</b> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P CRAFT, RICHARD 712 67TH AVE. W. BRADENTON FL 34207</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>U000000668723 03/27/07-80042-013 150.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP CRAFT, WILLIAM E 7315 43RD ST SARASOTA FL 34243</b>	<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
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 exemptions contained in Section 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 I am empowered

**SIGNATURE:**  **3-14-7 1-941-447-8901**

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_