

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 18, 2006 8:00 am
Secretary of State

07-18-2006 90085 040 ***150.00

DOCUMENT # P04000173569

1. Entity Name
CRAFTSMENS WOODWORKS, INC.



Principal Place of Business
**614 8TH ST. N.
ST. PETERSBURG, FL 33701**

Mailing Address
**614 8TH ST. N.
ST. PETERSBURG, FL 33701**

40000011



DO NOT WRITE IN THIS SPACE

07062006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-2099837

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PETERS, THOMAS
614 8TH ST. N.
ST. PETERSBURG, FL 33701**

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

Thomas Peters
(NOTE: Registered Agent signature required when reinstating)

07/13/06
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DPT
PETERS, THOMAS
614 8TH ST. N.
ST. PETERSBURG, FL 33701**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
PETERS, SHERYL
614 8TH ST. N.
ST. PETERSBURG, FL 33701**

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

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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 *Thomas Peters - President* 07/13/06 727 214 7360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #