


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2006 8:00 am
Secretary of State

09-13-2006 90002 012 ***158.75

DOCUMENT # P05000016739					
1. Entity Name CRAFTMASTERS CUSTOM CARPENTRY, INC					
Principal Place of Business 6404 WAVERLY ST PANAMA CITY, FL 32404 US			Mailing Address 6404 WAVERLY ST PANAMA CITY, FL 32404 US		
2. Principal Place of Business 6404 Waverly St. Suite, Apt. #, etc.		3. Mailing Address 6404 Waverly St. Suite, Apt. #, etc.			
City & State Panama City, FL Zip: 32404 Country: Bay		City & State Panama City, FL Zip: 32404 Country: Bay		4. FEI Number 113741995 Applied For: Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				07022006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent LEWIS, CHARLES E 3301 B ST PANAMA CITY, FL 32404			7. Name and Address of New Registered Agent Name: Patricia Melton Street Address (P.O. Box Number is Not Acceptable): 6404 Waverly St. Panama City, FL 32404 City: Panama City, FL Zip Code: 32404		
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: <u>Patricia Melton</u> <u>Patricia Melton</u> <u>9/4/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME MELTON, STEPHEN C STREET ADDRESS 6404 WAVERLY ST CITY - ST - ZIP PANAMA CITY, FL 32404	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VP NAME LEWIS, CHARLES E STREET ADDRESS 3301 B ST.. CITY - ST - ZIP PANAMA CITY, FL 32404	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE V NAME MELTON, PATRICIA STREET ADDRESS 6404 WAVERLY ST CITY - ST - ZIP PANAMA CITY, FL 32404	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE V NAME WATERS, DALLAS STREET ADDRESS 6404 WAVERLY ST CITY - ST - ZIP PANAMA CITY, FL 32404	<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		
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: <u>Stephen C. Melton</u> <u>Stephen C. Melton</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>9/4/06</u> <u>(850)625-6102</u> <small>Date Daytime Phone #</small>		

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