

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000109626

Entity Name: CRAFT SERVICES, INC.

**FILED**  
**Mar 05, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

10247 RACHEL CHERIE DR.  
POLK CITY, FL 33868 US

**New Principal Place of Business:**

**Current Mailing Address:**

10247 RACHEL CHERIE DR.  
POLK CITY, FL 33868 US

**New Mailing Address:**

FEI Number: 20-3278285

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CRAFT, ROBERT A  
10247 RACHEL CHERIE DR.  
POLK CITY, FL 33868 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CRAFT, ROBERT A  
Address: 10247 RACHEL CHERIE DR.  
City-St-Zip: POLK CITY, FL 33868 US

Title: SEC.  
Name: CRAFT, DARLENE E  
Address: 10247 RACHEL CHERIE DR.  
City-St-Zip: POLK CITY, FL 33868 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT A CRAFT

PRES

03/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date