

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000067958

Entity Name: S. T. CRAFTSMAN, INC.

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

1050 N LOCKWOOD RIDGE RD
C
SARASOTA, FL 34237

Current Mailing Address:

1050 N LOCKWOOD RIDGE RD
C
SARASOTA, FL 34237

New Principal Place of Business:

990N LOCKWOOD RIDGE RD
A
SARASOTA, FL 34237

New Mailing Address:

990N LOCKWOOD RIDGE RD
A
SARASOTA, FL 34237

FEI Number: 20-4897863

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TARGONSKI, SLAWOMIR
1050 N LOCKWOOD RIDGE RD
C
SARASOTA, FL 34237 US

Name and Address of New Registered Agent:

TARGONSKI, SLAWOMIR
990 N LOCKWOOD RIDGE RD
A
SARASOTA, FL 34237 US

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:

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TARGONSKI, SLAWOMIR
Address: 1050 N LOCKWOOD RIDGE RD #C
City-St-Zip: SARASOTA, FL 34237

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TARGONSKI, SLAWOMIR
Address: 990 N LOCKWOOD RIDGE RD #A
City-St-Zip: SARASOTA, FL 34237

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SLAWOMIR TARGONSKI

OWNE

04/28/2009

Electronic Signature of Signing Officer or Director

Date