

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90279 006 \*\*\*158.75

**DOCUMENT # P94000092177**

1. Entity Name

**SPECTRUM CRAFT PRODUCTS, INC.**

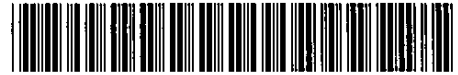


Principal Place of Business

**1456 L&R INDUSTRIAL BLVD  
TARPON SPRINGS FL 34689  
US**

Mailing Address

**PO BOX 130  
TARPON SPRINGS FL 34688  
US**



2. Principal Place of Business

**1452 L&R Industrial Blvd.**

3. Mailing Address

Suite, Apt. #, etc.

**Unit 3**

Suite, Apt. #, etc.

City & State

**Tarpon Springs, FL**

City & State

Zip

**34689**

Country

**US**

Zip

Country

4. FEI Number

**59-3293832**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

**KARANTONIS, PETER  
1456 L&R INDUSTRIAL BLVD.  
TARPON SPRINGS FL 34689**

7. Name and Address of New Registered Agent

Name

**Peter Karantonis**

Street Address (P.O. Box Number is Not Acceptable)

**1452 L&R Industrial Blvd.**

City

**Tarpon Springs**

**FL**

Zip Code

**34689**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME KARANTONIS, PETER  
STREET ADDRESS 1456 L&R INDUSTRIAL BLVD.  
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 like empowered.

SIGNATURE: **PETER KARANTONIS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-21-06**

Date

**727-942-7733**

Daytime Phone #