

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90077 004 ***158.75

DOCUMENT # P94000092177

1. Entity Name

SPECTRUM CRAFT PRODUCTS, INC.



Principal Place of Business

1452 L & R INDUSTRIAL BLVD UNIT 3
TARPON SPRINGS FL 34689
US

Mailing Address

PO BOX 130
TARPON SPRINGS FL 34688
US



2. Principal Place of Business - No P.O. Box #

26 Hibiscus Street N.

Suite, Apt. #, etc.

3. Mailing Address

same as above

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Tarpon Springs, FL

City & State

4. FEI Number 59-3293832

Applied For
Not Applicable

Zip

34689

Country

USA

Zip

Country

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KARANTONIS, PETER
1452 L & R INDUSTRIAL BLVD
TARPON SPRINGS FL 34689

Name

Peter Karantonis

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

26 Hibiscus Street N.

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]

President

March 20, 07

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, 2007 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE PD ☒ Change ☐ Addition
NAME Peter Karantonis
STREET ADDRESS 26 Hibiscus Street N.
CITY- ST- ZIP Tarpon Springs, FL 34689

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-20-2007 727-942-7733

Date

Daytime Phone #