


AMENDED

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000050349		
1. Entity Name R.N. CRAFT, INC.		

Principal Place of Business 1432 BILOXI COURT PORT ORANGE, FL 32119	Mailing Address 1432 BILOXI COURT PORT ORANGE, FL 32119
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

FILED
06 JUL 27 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02082006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3385183	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CRAFT, RUDOLPH N 1432 BILOXI COURT PORT ORANGE, FL 32119	7. Name and Address of New Registered Agent Name Sheila M. Craft Street Address (P.O. Box Number is Not Acceptable) 1432 Biloxi Court City Port Orange FL Zip Code 32119
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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 Sheila M. Craft DATE May 31, 2006
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CRAFT, RUDOLPH N 1432 BILOXI COURT PORT ORANGE, FL 32119 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600078273426 08/02/06--01049--004 <input type="checkbox"/> Change <input type="checkbox"/> Addition **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS CRAFT, SHEILA M 1432 BILOXI COURT PORT ORANGE, FL 32119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,P,V,S,T <input checked="" 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
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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: Sheila M. Craft, President DATE May 31, 2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #