

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90032 050 \*\*\*158.75

**DOCUMENT # P96000068350**

1. Entity Name  
**AMERICRAFT ENTERPRISES INC.**



Principal Place of Business <b>600 OAKS STREET #1B PORT ORANGE, FL 32127 US</b>	Mailing Address <b>600 OAKS STREET #1B PORT ORANGE, FL 32127 US</b>
--	--

2. Principal Place of Business <b>5536 S. RIDGEWOOD AVENUE</b>	3. Mailing Address <b>5536 S. RIDGEWOOD AVENUE</b>
---	---

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03112004

Chg-P

CR2E034 (10/03)

City & State  
**PORT ORANGE, FLORIDA**

City & State  
**PORT ORANGE, FLORIDA**

4. FEI Number  
**59-3396045**

Applied For  
Not Applicable

Zip **32127** Country **USA**

Zip **32127** Country **USA**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BLAKE, EUGENE D  
556 N. BEACH STREET  
DAYTONA BEACH, FL 32114**

**7. Name and Address of New Registered Agent**

Name **BLAKE, EUGENE D.**  
Street Address (P.O. Box Number is Not Acceptable)  
**5536 S. RIDGEWOOD AVENUE**  
City **PORT ORANGE** **FL** Zip Code **32127**

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, 2004 Fee will be \$550.00**

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	PVST	<input type="checkbox"/> Delete	TITLE	PVST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAKE, EUGENE		NAME	BLAKE, EUGENE D.	
STREET ADDRESS	556 N. BEACH STREET		STREET ADDRESS	5536 S. RIDGEWOOD AVENUE	
CITY-ST-ZIP	DAYTONA BEACH, FL 32114		CITY-ST-ZIP	PORT ORANGE, FLORIDA 32127	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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**

*Eugene D. Blake*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/13/04*  
Date

*386-756-1100*  
Daytime Phone #