

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90225 026 ***150.00

DOCUMENT # P99000027240

1. Entity Name
WARE-CRAFT, INC.



Principal Place of Business
**1902 MAPLE AVENUE
TAMPA, FL 33605**

Mailing Address
**1902 MAPLE AVENUE
TAMPA, FL 33605**

DO NOT WRITE IN THIS SPACE



04182005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3566194

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WARE, EARL H SR
1112 CHANNELSIDE DR
TAMPA, FL 32624**

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WARE, EARL H SR
STREET ADDRESS	1112 CHANNELSIDE DR
CITY-ST-ZIP	TAMPA, FL 32624
TITLE	D
NAME	WARE, CARL J
STREET ADDRESS	1112 CHANNELSIDE DR
CITY-ST-ZIP	TAMPA, FL 32624
TITLE	D
NAME	CAIN, JOSEPH G
STREET ADDRESS	1112 CHANNELSIDE DR
CITY-ST-ZIP	TAMPA, FL 32624
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____