

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000050042

**Entity Name:** THE SHABBY CRAFTSMAN, INC.

**Current Principal Place of Business:**

5185 BONE LANE  
BROOKSVILLE, FL 34604

**Current Mailing Address:**

5185 BONE LANE  
BROOKSVILLE, FL 34604 UN

**FEI Number:** 81-2859699

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MCCALL, SAMUEL  
5185 BONE LANE  
BROOKSVILLE, FL 34604 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name MCCALL, SAMUEL  
Address 5185 BONE LANE  
City-State-Zip: BROOKSVILLE FL 34604

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** SAMUEL MCCALL

**PRESIDENT**

**04/30/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date