


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P02000094351**

1. Entity Name:  
FLORIDA CRAFTSMAN, INC.



Principal Place of Business  
3988 MANATEE AVENUE EAST  
SUITE 2C  
BRADENTON, FL 34208

Mailing Address  
P.O. BOX 50575  
SARASOTA, FL 34232

**DO NOT WRITE IN THIS SPACE**



03112007 No Chg-P CR2E034 (11/05)

4. FEI Number  
37-1441317

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

BERGS, ROBERT L  
3988 MANATEE AVE EAST, #2C  
BRADENTON, FL 34208

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	SALZLEIN, EARL L
STREET ADDRESS	3988 MANATEE AVE E., #2C
CITY-ST-ZIP	BRADENTON, FL 34208
TITLE	P
NAME	BERGS, ROBERT L
STREET ADDRESS	3988 MANATEE AVE, E #2C
CITY-ST-ZIP	BRADENTON, FL 34208
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/11/07-80088-003 150.00

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IN THIS SPACE**

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:  ✓ Earl L Salzlein ✓ 4-2-07 ✓ 800-329-5325

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #