


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 06, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90086 016 \*\*\*150.00

**DOCUMENT # P03000009607**  
 1. Entity Name  
**ACD DRAFTING SERVICE, INC.**



Principal Place of Business  
**805 S. MAGNOLIA AVENUE  
 SUITE #C  
 OCALA, FL 34478**

Mailing Address  
**POST OFFICE BOX 160  
 OCALA, FL 34478**

**66021575**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
**805 S. Magnolia Ave**  
 Suite, Apt. #, etc.  
**AC**  
 City & State  
**Ocala, FL**  
 Zip  
**34474**

Country  
**USA**

04282005 Chg-P CR2E034 (10/03)

4. FEI Number **57-1148360**  
**APPLIED FOR**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**BRANKER, ANNE  
 805 S. MAGNOLIA AVENUE  
 SUITE #C  
 OCALA, FL 34478**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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	<input checked="" type="checkbox"/> Delete
NAME	BRANKER, ANNE	
STREET ADDRESS	8 SPRING COURSE	
CITY-ST-ZIP	OCALA, FL 34472	
TITLE	D	<input type="checkbox"/> Delete
NAME	ST. LOUIS, WILSON	
STREET ADDRESS	805 S. MAGNOLIA AVENUE #C	
CITY-ST-ZIP	OCALA, FL 34478	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANNE BRANKER	
STREET ADDRESS	805 SPRING COURSE	
CITY-ST-ZIP	OCALA, FL 34470	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: M. H. Harris  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-1-05 (352) 401-0926  
Date Daytime Phone #