

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90179 008 ***158.75

DOCUMENT # P03000019130
 1. Entity Name
KONDROSKI DRAFTING & DESIGN, INC.



Principal Place of Business
**3993 S ACCESS RD UNIT B
 ENGLEWOOD, FL 34224**

Mailing Address
**3993 S ACCESS RD UNIT B
 ENGLEWOOD, FL 34224**

40028793



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02232005 Chg-P CR2E034 (10/03)

City & State

4. FEI Number
01-0767863

Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
RENAISSANCE TAX & BUSINESS SERVICES, INC.
5348 DREW RD
VENICE, FL 34293

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** Delete
 NAME **KONDROSKI, DAVID**
 STREET ADDRESS **3993 S ACCESS RD UNIT B**
 CITY-ST-ZIP **ENGLEWOOD, FL 34224**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **KONDROSKI, VIRGINIA**
 STREET ADDRESS **~~14 WINONA AVE~~**
 CITY-ST-ZIP **SARANAC LAKE, NY 12983**

TITLE Change Addition
 NAME
 STREET ADDRESS **495 COUNTY ROUTE 47**
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change 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: David Kondroski **DAVID KONDROSKI** **3.4.05** **941 661-5607**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #