

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2006 08:00 AM
Secretary of State

DOCUMENT # 644444
 1. Entity Name
 RAY WOLTERS RESIDENTIAL DESIGN AND DRAFTING, INC.



Principal Place of Business: 2250 LEE ROAD #200 221A WINTER PARK, FL 32789
 Mailing Address: 611 N. WYMORE RD PO BOX 2305 WINTER PARK, FL 32790



01132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-1948684 Applied For / Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WOLTERS, RAY
 2250 LEE RD.
 #200
 WINTER PARK, FL 32789

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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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WOLTERS, RAY
STREET ADDRESS	2250 LEE ROAD #200 611 N. WYMORE RD
CITY - ST - ZIP	WINTER PARK, FL 32789 SUITE #221A
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
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CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 01/24/06-80011-003 150.00

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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: *Raymond C. Wolters* 1-16-06 407 695-4529
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #