

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F99000006688**

1. Entity Name  
**DRAPER'S & DAMON'S, INC.**



Principal Place of Business  
**P.O. BOX 51296  
IRVINE, CA 92619-1296**

Mailing Address  
**P.O. BOX 51296  
IRVINE, CA 92619-1296**



07072005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**95-3132759**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**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

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  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
FARMER, JEFF D  
9 PASTEUR  
IRVINE, CA 92618**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
FARMER, BRADFORD J  
9 PASTEUR  
IRVINE, CA 92618**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
BOSTWICK, BRENT A  
9 PASTEUR  
IRVINE, CA 92618**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CFO  
KOWALCHUK, VITO  
9 PASTEUR  
IRVINE, CA 92618**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000373174  
07/18/05-80005-004 158.75

**DO NOT WRITE  
IN THIS SPACE**

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:

*Vito Kowalchuk*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/05

Date

(949) 784-3000

Daytime Phone #