## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L06743

Entity Name: DRAINFIELD SERVICES & DESIGN, INC.

FILED Jan 18, 2005 Secretary of State

3050 HORSESHOE DRIVE NORTH

SUITE 158

NAPLES, FL 34104

**New Mailing Address: Current Mailing Address:** 

3050 HORSESHOE DRIVE NORTH SUITE 158

NAPLES, FL 34104 US

FEI Number: 65-0136937 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MOORE, MICHAEL A 7040 PELICAN BAY BLVD. D-204 NAPLES, FL 34108 US

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.

SIGNATURE:

Date

Electronic Signature of Registered Agent

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PMD ( ) Delete

MOORE, MICHAEL A., Name:

7040 PELICON BAY BLVD D-204 Address:

City-St-Zip: NAPLES, FL 34108

Title: STD () Delete Name: MOORE, KATHLEEN L.

7040 PELICAN BAY BLVD. D-204 Address:

NAPLES, FL 34108 City-St-Zip:

Title: ( ) Delete

KUHLMAN, JAMES B, Name: 26 WATERCOLOR WAY Address: City-St-Zip: NAPLES, FL 34113

Title: (X) Change ( ) Addition

Name: MOORE, MICHAEL A

7040 PELICAN BAY BLVD., D-204 Address:

City-St-Zip: NAPLES, FL 34108 US

Title: (X) Change ( ) Addition

Name: MOORE, KATHLEEN L

7040 PELICAN BAY BLVD., D-204 Address:

NAPLES, FL 34108 City-St-Zip:

Title: (X) Change ( ) Addition

Name: KUHLMAN, JAMES B 26 WATERCOLOR WAY Address: City-St-Zip: NAPLES, FL 34113

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL A MOORE **PMD** 01/18/2005