

# **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# L06743

**FILED**  
**Sep 13, 2007**  
**Secretary of State**

**Entity Name:** DRAINFIELD SERVICES & DESIGN, INC.

**Current Principal Place of Business:**

3050 HORSESHOE DRIVE NORTH  
SUITE 158  
NAPLES, FL 34104 US

**New Principal Place of Business:**

3050 HORSESHOE DRIVE NORTH  
SUITE 150  
NAPLES, FL 34104 US

**Current Mailing Address:**

3050 HORSESHOE DRIVE NORTH  
SUITE 158  
NAPLES, FL 34104 US

**New Mailing Address:**

3050 HORSESHOE DRIVE NORTH  
SUITE 150  
NAPLES, FL 34104 US

**FEI Number:** 65-0136937

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATE REGISTERED AGENT LLC  
5147 CASTELLO DR  
NAPLES, FL 34103 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: FORMAN, MICHAEL  
Address: 3050 HORSESHOE DR N #158  
City-St-Zip: NAPLES, FL 34104 US

Title: V ( ) Delete  
Name: KUHLMAN, JAMES B  
Address: 26 WATERCOLOR WAY  
City-St-Zip: NAPLES, FL 34113

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSTD (X) Change ( ) Addition  
Name: FORMAN, MICHAEL  
Address: 3050 HORSESHOE DR N #150  
City-St-Zip: NAPLES, FL 34104 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 FORMAN

PRES

09/13/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date