

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000068911

**FILED**  
**Apr 30, 2008**  
**Secretary of State**

**Entity Name:** GANSON DRAFTING & DESIGN, LLC

**Current Principal Place of Business:**

3741 NW 155TH STREET  
REDDICK, FL 32686

**New Principal Place of Business:**

**Current Mailing Address:**

3741 NW 155TH STREET  
REDDICK, FL 32686

**New Mailing Address:**

P.O. BOX 596  
REDDICK, FL 32686

**FEI Number:** 26-0547056

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ANSON, GARY A  
3741 NW 155TH STREET  
REDDICK, FL 32686 US

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

ANSON, GARY A C.E.O.  
3741 NW 155TH STREET  
REDDICK, FL 32686 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: GARY ANSON, C.E.O.

04/30/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: CEO ( ) Change (X) Addition  
Name: ANSON, GARY A C.E.O.  
Address: 3741 NW 155TH STREET  
City-St-Zip: REDDICK, FL 32686

Title: MGR ( ) Change (X) Addition  
Name: ALISHA, MITCHELL-ANSON C MGR  
Address: 3741 NW 155TH STREET  
City-St-Zip: REDDICK, FL 32686

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: GARY ANSON, CEO

CEO

04/30/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date