2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000010757

1. Entity Name PERFORMANCE DRAFTING, INC.



FILED Mar 30, 2006 08:00 AM **Secretary of State**

Principal Place of Business

5620 E FOWLER AVENUE

SUITE 6

TAMPA, FL 33617

Mailing Address

5620 E FOWLER AVENUE

SUITE 6

TAMPA, FL 33617



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01092006 No Cha-P CR2E034 (11/05)

4. FEI Number 59-3625914

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RING, MARK A 5820 E FOWLER AVENUE SUITE 6 TAMPA, FL 33617

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	named antity submits this statement for the pitions of registered agent.	urpose of changing its registe	red office or r	egistered agent, or bott	h, in the State of Fforida. I am fa	millar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title it	applicable. (NOTE: flegiste	red Agent signature	required when reinstelling)	- DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campaign Final Trust Fund Contribution	-	\$5.00 May Be Added to Fees	<u> </u>	· · · · · · · · · · · · · · · · · · ·
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RING, MARK A 10806 MOSS ISLAND DRIVE RIVERVIEW, FL 33569					
TITLE NAME STREET ADDRESS DITY-ST-709					######################################	

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STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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:

TITLE

NAME

TITLE NAME STREET ADDRESS CITY-ST-ZIP

MANAE STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF STONING OFFICER OR DIRECTOR

03 27 106