

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90199 031 ***150.00

DOCUMENT # P02000030753					
1. Entity Name DRAGBLOD, INC.					
Principal Place of Business 3773 CENTRAL AVENUE SUITE C3715 ST. PETERSBURG, FL 33713			Mailing Address 3773 CENTRAL AVENUE SUITE C3715 ST. PETERSBURG, FL 33713		
2. Principal Place of Business 8451 - 141st ST N Suite, Apt. #, etc.		3. Mailing Address 8451 - 141st ST North Suite, Apt. #, etc.			
City & State Seminole FL		City & State Seminole FL		4. FEI Number 03-0453721	
Zip 33776		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WNEBRENNER, JACK M 3773 CENTRAL AVENUE ST. PETERSBURG, FL 33713			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1384 - 54th AVE NE City St Petersburg FL Zip Code 33703		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CONNERS, ANDREW 4478 TROUT DRIVE SE SAINT PETERSBURG, FL 33705		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PR JULIA CONNERS 8451 141st St Seminole, FL 33776	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing 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: <i>Julia Conners</i>			4/29/06 727/321-1918		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		
Julia Conners					

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