

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000032675

1. Entity Name
RICK WHIDDEN DRAFTING, INC.



Principal Place of Business
4108 MULLIGAN CT, WEST
SEBRING, FL 33872

Mailing Address
4108 MULLIGAN CT, WEST
SEBRING, FL 33872

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90461 029 ***150.00



03172004 No Chg-P CR2E034 (10/03)

4. FEI Number
03-0414288

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WHIDDEN, RICHARD S
4108 MULLIGAN CT, WEST
SEBRING, FL 33872

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME WHIDDEN, RICHARD S
STREET ADDRESS 4108 MULLIGAN CT, WEST
CITY-ST-ZIP SEBRING, FL 33872

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Richard S. Whidden* RICHARD S. WHIDDEN 4-30-04 (863) 385-2683
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #