

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000079082

FILED  
Apr 30, 2004  
Secretary of State

**Entity Name:** MIKE CORNELISON DRAFTING & DESIGN, INC.

**Current Principal Place of Business:**

118 W. ORANGE STREET  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

PO BOX 5333  
WINTER PARK, FL 32793

**Current Mailing Address:**

118 W. ORANGE STREET  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

475 MONTGOMERY PLACE  
ALTAMONTE SPRINGS, FL 32714

**FEI Number:** 56-2281559

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KELLEY AND GOLDBERG,LLP  
118 WEST ORANGE ST  
ALTAMONTE SPRINGS, FL 32714 US

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

KELLEY, GOLDBERG, LEACH & COHN,PL  
475 MONTGOMERY PLACE  
ALTAMONTE SPRINGS, FL 32714 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:** RUSSELL GOLDBERG

04/30/2004

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PSTD ( ) Delete  
**Name:** CORNELISON, THOMAS M  
**Address:** 118 W. ORANGE STREET  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32714

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

**Title:** PSTD (X) Change ( ) Addition  
**Name:** CORNELISON, THOMAS M  
**Address:** P.O. BOX 53333  
**City-St-Zip:** WINTER PARK, FL 32793

I hereby certify that the information supplied with this filing does not qualify for the 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 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:** MIKE CORNELISON

PTSD

04/30/2004

Electronic Signature of Signing Officer or Director

Date