


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90001 042 \*\*\*150.00

<b>DOCUMENT # P03000020529</b> 1. Entity Name <b>DRAHEIM &amp; ASSOCIATES, INC.</b>					
Principal Place of Business <b>216 36TH AVE NORTH #105B ST PETERSBURG, FL 33704</b>			Mailing Address <b>216 36TH AVE NORTH #105B ST PETERSBURG, FL 33704</b>		
2. Principal Place of Business <b>2921 HILLVIEW STREET</b> Suite, Apt. #, etc.		3. Mailing Address <b>40 STEPRE &amp; ASSOCIATES</b> Suite, Apt. #, etc. <b>4312 ROSANNA DRIVE</b>			
City & State <b>SARASOTA FL</b>		City & State <b>ALLISON PARK PA</b>		4. FEI Number <b>06-1696624</b>	
Zip <b>34239</b>		Country -		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>15101</b>		Country <b>ALLEGHENY</b>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>DRAHEIM, JOHN</b> <b>213 36TH AVENUE NORTH</b> <b>#105B</b> <b>ST PETERSBURG, FL 33704</b>				7. Name and Address of New Registered Agent Name <b>SAME</b> Street Address (P.O. Box Number is Not Acceptable) <b>2921 HILLVIEW STREET</b> City <b>SARASOTA FL</b> Zip Code <b>34239</b>	
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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME DRAHEIM, JOHN <input type="checkbox"/> Delete STREET ADDRESS 216 36TH AVENUE NORTH #105B CITY-ST-ZIP ST PETERSBURG, FL 33704			TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME DRAHEIM, JOHN STREET ADDRESS 2921 HILLVIEW STREET CITY-ST-ZIP SARASOTA, FL 34239		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			2/27/06 941-928-8935 Date Daytime Phone #		