


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90020 005 ***158.75

DOCUMENT # P03000022414	
1. Entity Name DRAUGHON VAN SERVICE, INC.	

Principal Place of Business 13401 SUTTON PK DR #611 JACKSONVILLE, FL 32224	Mailing Address 13401 SUTTON PK DR #611 JACKSONVILLE, FL 32224
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54025233

2. Principal Place of Business 1195 AROMORE STREET	3. Mailing Address 1195 AROMORE STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.



03102004 Chg-P CR2E034 (10/03)

City & State ST. AUGUSTINE FL	City & State ST. AUGUSTINE FL
Zip 32092	Country ST. JOHNS
Zip 32092	Country

4. FEI Number 432002660	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DRAUGHON, CHRISTOPHER S 13401 SUTTON PK DR #611 JACKSONVILLE, FL 32224	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
1195 AROMORE STREET	
City ST. AUGUSTINE	Zip Code FL 32092

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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRAUGHON, CHRISTOPHER S 13401 SUTTON PK DR #611 JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1195 AROMORE STREET ST. AUGUSTINE FL 32092 <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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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

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: Christopher Draughon 3/30/04 904-501-9129
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #