


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90011 021 \*\*\*150.00

**DOCUMENT # P03000024847**  
 1. Entity Name  
 AMELIA DRAFTING & DESIGN SERVICES, INC.




Principal Place of Business Mailing Address  
 P.O. BOX 1044 P.O. BOX 1044  
 AMELIA ISLAND, FL 32035 AMELIA ISLAND, FL 32035

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 919 white st. 919 white st.  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
 Amelia Island FL Amelia Island FL  
 Zip Country Zip Country  
 32034 US 32034 US

40079030



04132007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For  
 01-0771010 Not Applicable

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

6. Name and Address of Current Registered Agent  
 BOYLE, RICHARD M  
 919 WHITE ST  
 AMELIA ISLAND, FL 32034

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$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 BOYLE, RICHARD M 919 WHITE ST. AMELIA ISLAND, FL 32034 <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: Richard M Boyle 4-13-07 904-261-0012  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #