

# **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000028292

Entity Name: FULLDRAW, INC.

**FILED**  
**Apr 22, 2004**  
**Secretary of State**

## **Current Principal Place of Business:**

877 E 6 ST  
ENGLEWOOD, FL 34223

## **New Principal Place of Business:**

17347 METCALF AVENUE  
PORT CHARLOTTE, FL 33954

## **Current Mailing Address:**

877 E 6 ST  
ENGLEWOOD, FL 34223

## **New Mailing Address:**

17347 METCALF AVENUE  
PORT CHARLOTTE, FL 33954

FEI Number: 84-1621468

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MARS, FRANK  
877 E 6 ST  
ENGLEWOOD, FL 34223

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

MARS, FRANK  
17347 METCALF AVENUE  
PORT CHARLOTTE, FL 33954

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: FRANK MARS

04/22/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: MARS, FRANK  
Address: 877 E 6 ST  
City-St-Zip: ENGLEWOOD, FL 34223

Title: DS (X) Delete  
Name: FIELDS, NOAH  
Address: 1234 DENISON ST  
City-St-Zip: VENICE, FL 34293

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

Title: DPS (X) Change ( ) Addition  
Name: MARS, FRANK  
Address: 17347 METCALF AVENUE  
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: FRANK MARS

P

04/22/2004

Electronic Signature of Signing Officer or Director

Date