


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90240 038 ***150.00

DOCUMENT P0300002855					
1. Entity Name DRAIN DOCTORS INC.					
Principal Place of Business 5008 W. LINEBAUGH AVE SUITE 54 TAMPA, FL 33624			Mailing Address 5008 W. LINEBAUGH AVE SUITE 54 TAMPA, FL 33624		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 26-0061499	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PELKY, RYAN 5008 W. LINEBAUGH AVENUE SUITE 54 TAMPA, FL 33624				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				State 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 <u><i>[Signature]</i></u> PRESIDENT 01/10/06 <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	PC	<input type="checkbox"/> Delete			
NAME	PELKY, RYAN				
STREET ADDRESS	5008 W. LINEBAUGH AVE, STE 54				
CITY-ST-ZIP	TAMPA, FL 33624				
TITLE	VD	<input type="checkbox"/> Delete			
NAME	KALIS, BRADLEY				
STREET ADDRESS	5008 W. LINEBAUGH AVE., STE 54				
CITY-ST-ZIP	TAMPA, FL 33624				
TITLE	S	<input checked="" type="checkbox"/> Delete			
NAME	CLEMENTS, JACKSON III				
STREET ADDRESS	5008 W. LINEBAUGH AVE., STE. 54				
CITY-ST-ZIP	TAMPA, FL 33624				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	V/M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	BRADLEY KALIS				
STREET ADDRESS	5008 W. LINEBAUGH AVE. STE. 54				
CITY-ST-ZIP	TAMPA, FL 33624				
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	JACK SUTTER				
STREET ADDRESS	5008 W. LINEBAUGH AVE. STE #54				
CITY-ST-ZIP	TAMPA, FL 33624				
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 information empowered.					
SIGNATURE <u><i>[Signature]</i></u> PRESIDENT 01/10/06 <small>Signature and typed or printed name of signing officer or director</small>					

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01102006 Chg-P CR2E034 (11/05)