



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2005 8:00 am**  
**Secretary of State**

03-03-2005 90174 020 \*\*\*158.75

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|--|--|---|--|---|--|
| <b>DOCUMENT # P03000055627</b>   |  |   |  |                                  |  |
| <b>1. Entity Name</b><br>HORSTING ARCHITECTURAL DESIGN & DRAFTING, INC.  |  |   |  |   |  |
| <b>Principal Place of Business</b><br>1561 STEWART DR.<br>SARASOTA, FL 34232   |  |   | <b>Mailing Address</b><br>1561 STEWART DR.<br>SARASOTA, FL 34232 |   |  |
| <b>2. Principal Place of Business</b><br>4855 RENO DRIVE   |  | <b>3. Mailing Address</b><br>4855 RENO DRIVE  |  | <b>40025230</b><br>             |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |  | 01052005    Chg-P    CR2E034 (10/03)  |  |
| <b>City &amp; State</b><br>SARASOTA FLORIDA  |  | <b>City &amp; State</b><br>SARASOTA FLORIDA   |  | <b>4. FEI Number</b><br>73-1667137  |  |
| <b>Zip</b><br>34233  |  | <b>Country</b><br>SARASOTA  |  | <b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b><br>HORSTING, HUBERTUS<br>1561 STEWART DR.<br>SARASOTA, FL 34232   |  | <b>7. Name and Address of New Registered Agent</b><br>Name <b>HORSTING HUBERTUS</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>4855 RENO DRIVE</b><br>City <b>SARASOTA</b> <b>FL</b> Zip Code <b>34233</b> |  |   |  |
| <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.</b><br>SIGNATURE <u>Hubertus Horsting</u> DATE <u>3-1-05</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |   |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>  |  | <b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   |  |   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>HORSTING, HUBERTUS<br>1561 STEWART DR.<br>SARASOTA, FL 34232 | <input type="checkbox"/> Delete   |  |   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br>HORSTING, BETTY<br>1561 STEWART DR.<br>SARASOTA, FL 34232    | <input type="checkbox"/> Delete   |  |   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | _____<br>_____<br>_____<br>_____                                   | <input type="checkbox"/> Delete   |  |   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | _____<br>_____<br>_____<br>_____                                   | <input type="checkbox"/> Delete   |  |   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | _____<br>_____<br>_____<br>_____                                   | <input type="checkbox"/> Delete   |  |   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | _____<br>_____<br>_____<br>_____                                   | <input type="checkbox"/> Delete   |  |   |  |
| <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |  |   |  |   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | HORSTING HUBERTUS<br>4855 RENO DRIVE<br>SARASOTA, FL 34233         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | _____<br>_____<br>_____<br>_____                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | _____<br>_____<br>_____<br>_____                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | _____<br>_____<br>_____<br>_____                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | _____<br>_____<br>_____<br>_____                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |   |  |
| <b>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 life empowered.</b> |  |   |  |   |  |
| <b>SIGNATURE:</b> <u>Hubertus Horsting</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  | Date <u>3-1-05</u> Daytime Phone # <u>(941) 926-1675</u>  |  |   |  |