2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000055627

HORSTING ARCHITECTURAL DESIGN & DRAFTING, INC.



FILED Jan 11, 2008 08:00 AN Secretary of State

Principal Place of Business

4855 RENO DRIVE

SARASOTA, FL 34233 US

Mailing Address

4855 RENO DRIVE SARASOTA, FL 34233

US



DO NOT WRITE IN THIS SPACE

No Chg-P CR2E034 (11/05) 01072008

4. FEI Number 73-1667137 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HORSTING, HUBERTUS 4855 RENO DRIVE

DO NOT WRITE

SARASOTA, FL. 34233			IN THIS SPACE		
	named entity submits this statement for the plions of registered agent.	Durpose of changing its registere	ed office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered	l Agent signature	required when reinstating)	DATE
FiL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HORSTING, HUBERTUS 4855 RENO DRIVE SARASOTA, FL 34233				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HORSTING, BETTY 4855 RENO DR. SARASOTA, FL 34233				U00000779927 01/14/08-80001-023 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE					

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 his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attaching it with an address, with all other like impowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

NAME OF SIGNING OFFICER OR DIRECTOR

1-8-08

941) 926-1675