

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90283 025 ***150.00

DOCUMENT # P03000091339

1. Entity Name
ACCUDRAFT TECHNICAL SERVICES, INC.



Principal Place of Business
**940 CENTRE CIRCLE STE 2020
ALTAMONTE SPRINGS, FL 32714**

Mailing Address
**940 CENTRE CIRCLE STE 2020
ALTAMONTE SPRINGS, FL 32714**

20041927



03212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-1064579

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROBERTSON, JAMES F
940 CENTRE CIRCLE STE 2020
ALTAMONTE SPRINGS, FL 32714**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **ROBERTS, JAMES F**
STREET ADDRESS **940 CENTRE CIRCLE STE 2020**
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32714**

TITLE **D**
NAME **MACINNIS, RON**
STREET ADDRESS **940 CENTRE CIRCLE STE 2020**
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32714**

TITLE **D**
NAME **WHITMIRE, DONALD C**
STREET ADDRESS **940 CENTRE CIRCLE STE 2020**
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32714**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #