


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90245 011 \*\*\*150.00

<b>DOCUMENT # P03000129346</b>	
1. Entity Name MDP DRAFTING, INC.	

Principal Place of Business 1129 NW 39TH DR GAINESVILLE, FL 32605	Mailing Address 1129 NW 39TH DR GAINESVILLE, FL 32605
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2. Principal Place of Business 34 Firethorn Lane Suite, Apt. #, etc.	3. Mailing Address 34 Firethorn Lane Suite, Apt. #, etc.
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City & State Palm Coast, FL	City & State Palm Coast, FL
Zip 32137	Country U.S.A.

11000001



04262005 Chg-P CR2E034 (10/03)

4. FEI Number 20-0379423	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PFIFFER, VICKIE L 1129 NW 39TH DR GAINESVILLE, FL 32605	
7. Name and Address of New Registered Agent Name: Pfiiffer, Vickie L. Street Address (P.O. Box Number is Not Acceptable): 34 Firethorn Lane City: Palm Coast FL Zip Code: 32137	

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: Vickie L. Pfiiffer Vickie L. Pfiiffer 4/27/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$350.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS PFIFFER, VICKIE L 1129 NW 39TH DRIVE GAINESVILLE, FL 32605 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS Pfiiffer, Vickie L. 34 Firethorn Lane Palm Coast, FL 32137 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PFIFFER, MICHAEL D 1129 NW 39TH DRIVE GAINESVILLE, FL 32605 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Pfiiffer, Michael D. 34 Firethorn Lane Palm Coast, FL 32137 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Vickie L. Pfiiffer Vickie L. Pfiiffer 4/27/05 386-445-6065  
Signature and typed or printed name of signing officer or director Date Daytime Phone #