

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90182 018 ***150.00

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1. Entity Name
THE DRAFT, INC.



Principal Place of Business

**7257 NW 4TH ST
BLDG PMB 223
GAINESVILLE, FL 32607 US**

Mailing Address

**C/O D&K QUALITY ACCTG & TAX SVC., INC.
2335 J 63RD AVENUE EAST
BRADENTON, FL 34203 US**

40050233



03142007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3977647

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HECKMAN, DONALD H
2335 J 63RD AVENUE EAST
BRADENTON, FL 34203**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P BLACK, JASON 7257 NW 4TH ST BLDG PMB 323 GAINESVILLE, FL 32607 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP REBELO, GEORGE 7257 NW 4TH ST BLDG PMB 323 GAINESVILLE, FL 32607 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP WOLLARD, CHRIS 7257 NW 4TH ST BLDG PMB 323 GAINESVILLE, FL 32607 |
| 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 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date

Daytime Phone #