2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90024 047 ***150.00

DOCUMENT # P05000163536

1. Entity Name
THE DRAFT, INC.

Principal Place of Business	Mailing Address
7257 NW 4TH ST BLDG PMB 223 GAINESVILLE, FL 32607 US	C/O D&K QUALITY ACCTG & TAX SVC., INC. 2335 J 63RD AVENUE EAST BRADENTON, FL 34203 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3324 W. UNIVERSITY Ave	710 60TH ST. CT. EAST
Suite, Apt. #, etc.: # 136	Suite, Apt. #, etc.:
City & State: GAINESVILLE, FL.	City & State: BRADENTON, FL
Zip: 32607 / Country: USA	Zip: 34208 / Country: USA

02182008 Chg-P CR2E034 (12/06)

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	7. Name and Address of New Registered Agent
HECKMAN, DONALD H 2335 J 63RD AVENUE EAST BRADENTON, FL 34203	Name: Street Address (P.O. Box Number is Not Acceptable): 710 60TH ST. CT. EAST City: BRADENTON FL Zip Code: 34208

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: D. H. Heckman — 2/18/08
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, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	BLACK, JASON	NAME	
STREET ADDRESS	7257 NW 4TH ST BLG PMB 323	STREET ADDRESS	3324 UNIVERSITY Ave West - #136
CITY-ST-ZIP	GAINESVILLE, FL 32607	CITY-ST-ZIP	GAINESVILLE, FL. 32607
TITLE	VP ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	REBELO, GEORGE	NAME	
STREET ADDRESS	7257 NW 4TH ST BLDG PMB 323	STREET ADDRESS	3324 W. UNIVERSITY Ave - #136
CITY-ST-ZIP	GAINESVILLE, FL 32607	CITY-ST-ZIP	GAINESVILLE, FL. 32607
TITLE	VP ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	WOLLARD, CHRIS	NAME	
STREET ADDRESS	7257 NW 4TH ST BLDG PMB 323	STREET ADDRESS	3324 W. UNIVERSITY Ave - #136
CITY-ST-ZIP	GAINESVILLE, FL 32607	CITY-ST-ZIP	GAINESVILLE, FL. 32607
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: — 2/27/08 — 941-745-1212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #