


FILED
May 21, 2007 8:00 am
Secretary of State

4/3

04-30-2007 90411 022 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

| | | | |
|--|--|--|---|
| DOCUMENT # P06000056762 | |  | |
| 1. Entity Name DEERING DRAFTING, INC. | | | |
| Principal Place of Business 151 3RD STREET NW NAPLES, FL 34120-2014 US | | Mailing Address 151 3RD STREET NW NAPLES, FL 34120-2014 US | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| | | | |
| 4. FEI Number 20-4783245 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 | | 7. Name and Address of New Registered Agent Name: Lee Deering Street Address (P.O. Box Number is Not Acceptable): 151 3rd Street NW City: Naples FL Zip Code: 34120 | |
| 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] PRES. DATE: 4/26/07 <small>(NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D DEERING, LEE E 151 3RD STREET NW NAPLES, FL 341202014 <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 | D DEERING, JULIE L 151 3RD STREET NW NAPLES, FL 341202014 <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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| 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] PRES. | | Date: 4/26/07 Daytime Phone #: 239-353-0027 | |