

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P07000079131

1. Entity Name
PB DESIGN AND DRAFTING, INC.



Principal Place of Business
3341 TUMBLING RIVER DR
CLERMONT, FL 34711 US

Mailing Address
3341 TUMBLING RIVER DR
CLERMONT, FL 34711 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

6. Name and Address of Current Registered Agent

BRIONEZ, GREGORY P
3341 TUMBLING RIVER DR
CLERMONT, FL 34711

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME BRIONEZ, GREGORY P
STREET ADDRESS 3341 TUMBLING RIVER DR
CITY-ST-ZIP CLERMONT, FL 34711

TITLE VP
NAME BRIONEZ, DENA M
STREET ADDRESS 3341 TUMBLING RIVER DR
CITY-ST-ZIP CLERMONT, FL 34711

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/08 352-404-9352

Date

Daytime Phone #

01-22-2008 90068 014 ***150.00

**FILED
Jan 22, 2008 8:00 am
Secretary of State**