

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000046591	
1. Entity Name RESIDENTIAL ARCHITECTURAL DESIGN & DRAFTING, INC.	

Principal Place of Business 1500 N. FT. HARRISON AVE. CLEARWATER, FL 33755	Mailing Address 1500 N. FT. HARRISON AVE. CLEARWATER, FL 33755
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DO NOT WRITE IN THIS SPACE



01212005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3206028	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
PAULTRE, FRANTZ 1500 N. FT. HARRISON AVE. CLEARWATER, FL 33755	

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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 *FRANTZ PAULTRE / PRES.* DATE *1-25-05*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSVT PAULTRE, FRANTZ 1308 VERMONT AVE. TARPON SPRINGS, FL 34689
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LIANG-PAULTRE, YU HSIANG 1308 VERMONT AVE. TARPON SPRINGS, FL 34689
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02/21/05-80051-011 150.00

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: *FRANTZ PAULTRE / PRES* DATE *1-25-05* (727) 442-3763

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR