


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 13, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P94000038059  
 1. Entity Name  
 ABOVE BOARD DRAFTING, INCORPORATED



Principal Place of Business      Mailing Address  
 933 OLEANDER WAY S      933 OLEANDER WAY S  
 STE 3      STE 3  
 SOUTH PASADENA, FL 33707      SOUTH PASADENA, FL 33707

**DO NOT WRITE IN THIS SPACE**



01092006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
 59-3245491      Not Applicable

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

**6. Name and Address of Current Registered Agent**

MCCABE, ROBERT M  
 10855 HARBORSIDE DRIVE  
 LARGO, FL 33773

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PSTD
NAME	FERRELL, BARBARA
STREET ADDRESS	225 1ST STREET W.
CITY-ST-ZIP	TIERRA VERDE, FL 33715
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000576729  
 09/13/06-80002-023 550.00

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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: *Barbara Ferrell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/06 (727)347-1589  
Date      Daytime Phone #