## **2005 FOR PROFIT CORPORATION** ANNUAL REPORT (AR)

## Feb 04, 2005 8:00 am **Secretary of State** DOCUMENT # P95000035163 1. Entity Name 02-04-2005 90042 008 \*\*\*150.00 STRUCTURAL STEEL DRAFTING, INC. Principal Place of Business Mailing Address 27 COMANCHE CT. 27 COMANCHE CT. PALM COAST FL 32137-8996 PALM COAST FL 32137-8996 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) 4. FEI Number City & State City & State Applied For 59-3314564 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TOVKACH, WALTER M 5011 NORTHWEST 8TH AVE Street Address (P.O. Box Number is Not Acceptable) GAINESVILLE FL 32605 City 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TITLE ☐ Delete TITLE ☐ Change PFIFFER, CONSTANCE R NAME NAME STREET ADDRESS 27 COMANCHE CT. STREET ADDRESS PALM COAST FL 32137-8996 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition PFIFFER, RICHARD D. NAME PEEIFFER, RICHARD D NAME 27 COMANCHE CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP\_ PALM COAST FL 32137-8996 CITY-ST-ZIP THILE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

**FILED** 

changed, or on an attachment with an address, with all other like empowered SIGNATURE:

12. I hereby certify that the information supplied with this filling 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 10 if