


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

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| DOCUMENT # P97000073700 1. Entity Name JCS COMPUTER DRAFTING SERVICE, INC. |  |
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|---|---|
| Principal Place of Business 114 SWAN PKWY E. ROYAL PALM BEACH, FL 33411 | Mailing Address 114 SWAN PKWY E. ROYAL PALM BEACH, FL 33411 |
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DO NOT WRITE IN THIS SPACE



01122008 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 65-0775739 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

SMITH, JONNIE C
114 SWAN PKWY E.
ROYAL PALM BEACH, FL 33411

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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 reinstalling) 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 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

1100000395269
01/26/06-80043-016 150.00

10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SMITH, ALICE K 114 SWAN PKWY E. ROYAL PALM BEACH, FL 33411 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SMITH, JONNIE C 114 SWAN PKWY E. ROYAL PALM BEACH, FL 33411 |
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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: Jonnie C. Smith JONNIE C. SMITH 01-21-06 561-793-2228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #