## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 30, 2007 8:00 am Secretary of State DOCUMENT # P98000010287 04-30-2007 90413 023 \*\*\*150.00 1. Entity Name ARCHITRAVE DESIGN & DRAFTING, INC. 4008200 Principal Place of Business Mailing Address 1501 BELCHER RD S 1501 BELCHER RD S BLDG B, UNIT # 3 BLDG B, UNIT # 3 LARGO, FL 33771 LARGO, FL 33771 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2495 ENTERPRISE Road 2495 ENTERPRISE Road Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 04252007 Cha-P SuitE SuitE 104 104 4. FEI Number Applied For City & State City & State EAR WATER FL EARWATER 59-3493077 Not Applicable \$8.75 Additional 5. Certificate of Status Desired ÜSA $\Box$ USA 763 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PUCILLO, JAMES J ess (P.O. Box Number is Not Acc 1501 BELCHER RD S BLDG B, UNIT #3 LARGO, FL 33771 Suite CIT LEAKLUATER 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 re stered agent. SIGNATURE. (NOTE: Registered Agent signature required when reinstation) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Change ☐ Addition □ Defete NAME PUCILLO, JAMES J NAME 9140 JAKES PATH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LARGO, FL. 33771 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition HAHN, TIMOTHY J NAME NAME 4930 72ND STREET E STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP BRADENTON, FL 34203 TITLE ☐ Delete TITLE Change Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP 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 trusted 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 appreciation of the corporation of the receiver or trusted empowered. SIGNATURE: ans PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

**FILED**