

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000035955

1. Entity Name
ALLIED DRAFTING & DESIGN, INC.



FILED
Jan 14, 2008 08:00 AM
Secretary of State

Principal Place of Business
1901 S. TAMiami TRAIL
VENICE, FL 34293

Mailing Address
1901 S. TAMiami TRAIL
VENICE, FL 34293



01112008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0917898

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DUNKIN, DAVID A
170 WEST DEARBORN ST.
ENGLEWOOD, FL 34223

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.

01/15/08-80037-002 150.00

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HOFFMAN, MARK
STREET ADDRESS	1580 KEYWAY CT.
CITY - ST - ZIP	ENGLEWOOD, FL 34223
TITLE	TSD
NAME	HOFFMAN, KAREN
STREET ADDRESS	1580 KEYWAY CT
CITY - ST - ZIP	ENGLEWOOD, FL 34223
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
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 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:

Karen R Hoffman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/08

941-497-3476

Date

Daytime Phone #