

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90229 013 ***150.00

DOCUMENT # P06000108542 1. Entity Name DREWCOR, INC.					
Principal Place of Business 2929 COUNTY RD 470 OKAHUMPKA, FL 34762			Mailing Address P.O. BOX 593 OKAHUMPKA, FL 34762-0593		
2. Principal Place of Business - No P.O. Box # 2929 CR 470		3. Mailing Address PO Box 593			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State OKAHUMPKA FL		City & State OKAHUMPKA FL		4. FEI Number 20-5704140	
Zip 34762		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 34762		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DUPUIS, DAVID J 2929 COUNTY RD 470 OKAHUMPKA, FL 34762				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DUPUIS, DAVID J 2929 COUNTY RD 593 OKAHUMPKA, FL 34762 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: 			Date 3-14-07 Daytime Phone # 352-255 6885		