

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 28, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000039533**

1. Entity Name  
**DROBISH PROPERTIES, INC.**



Principal Place of Business  
**26 HIGHLAND RD  
 TARPON SPRINGS, FL 34689**

Mailing Address  
**26 HIGHLAND RD  
 TARPON SPRINGS, FL 34689**



03222005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **59-3573535** Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**DROBISH, DEBRA  
 26 HIGHLAND RD  
 TARPON SPRINGS, FL 34689**

**DO NOT WRITE  
 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 reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **D**  
 NAME **DROBISH, DAVID A**  
 STREET ADDRESS **26 HIGHLAND RD**  
 CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

TITLE **D**  
 NAME **DROBISH, DEBRA**  
 STREET ADDRESS **26 HIGHLAND RD**  
 CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

TITLE  
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1000001277834  
 03/28/05-80002-004 150.00

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing 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 reports 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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-25-05** **727-937-1244**  
Date Daytime Phone #