

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 08:00 A
Secretary of State

DOCUMENT # 192538

1. Entity Name
DRUMMOND PRESS, INC.



Principal Place of Business

2472 DENNIS ST
2472 DENNIS ST
JACKSONVILLE, FL 32204

Mailing Address

2472 DENNIS ST
2472 DENNIS ST
JACKSONVILLE, FL 32204

DO NOT WRITE IN THIS SPACE



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number

59-0773377

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FALCONETTI, DIANNE
2472 DENNIS ST.
JACKSONVILLE, FL 32204

**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

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

(NOTE: Registered Agent signature required when reconstituting)

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

000000391441
04/23/08-00025-018 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
FALCONETTI, ROBERT J
2472 DENNIS ST
JACKSONVILLE, FL 32204

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

STD
FALCONETTI, DIANE
2472 DENNIS ST.
JACKSONVILLE, FL 32204

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VD
FALCONETTI, JOHN
2472 DENNIS ST
JACKSONVILLE, FL 32204

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VD
FALCONETTI, ROBERT JOHN
2472 DENNIS ST
JACKSONVILLE, FL 32204

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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:

Diane Falconetti
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/08
Date

904-354-2818
Daytime Phone #