

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90009 028 \*\*\*150.00

<b>DOCUMENT # 244497</b> 1. Entity Name <b>DRIFTWOOD APARTMENTS, INC.</b>			
Principal Place of Business 2655 LAKE DR #8 RIVIERA BEACH, FL 33404 US		Mailing Address 2655 LAKE DR #8 RIVIERA BEACH, FL 33404 US	
2. Principal Place of Business - No P.O. Box # <b>2655 Lake Dr</b>		3. Mailing Address <b>2655 Lake Dr</b>	
Suite, Apt. #, etc. <b>#6</b>		Suite, Apt. #, etc. <b>#6</b>	
City & State <b>Riviera Beach FL</b>		City & State <b>Riviera Beach FL</b>	
Zip <b>33404</b> Country <b>US</b>		Zip <b>33404</b> Country <b>US</b>	
4. FEI Number <b>59-0997109</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CLARK, CLYDE R JR</b> <b>2655 LAKE DRIVE</b> <b>RIVIERA BEACH, FL 33404</b>		7. Name and Address of New Registered Agent Name <b>Jean Wells</b> Street Address (P.O. Box Number is Not Acceptable) <b>2655 Lake Drive #6</b> <b>Riviera Beach</b> City <b>FL</b> Zip Code <b>33404</b>	
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: <u><i>Jean Wells</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	ST HICKERSON, FRED 2655 LAKE DRIVE RIVIERA BEACH, FL 33404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Fred Hickerson 1712 Gallop Drive Loxahatchee FL 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WELLS, JEAN 2655 LAKE DR RIVIERA BEACH, FL 33404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition David Fleming 267 Ridge Hill Road Mechanicsburg PA 17050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Jean Wells</i></u>		Date <u>2/18/07</u> Daytime Phone # <u>561-312-1567</u>	

*As the new Registered agent I have a question about this because we are a Not-for profit corporation?*