

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90009 032 \*\*\*158.75

**DOCUMENT # 256763**

1. Entity Name

JACK DRURY AND ASSOCIATES, INC.



Principal Place of Business

5711 NE 22ND TERR  
FT LAUDERDALE FL 33308  
US

Mailing Address

5711 NE 22ND TERR.  
FT LAUDERDALE FL 33308  
US

2. Principal Place of Business

2800 E. Commercial Blvd  
Suite, Apt. #, etc #207

3. Mailing Address

2800 E. Commercial Blvd  
Suite, Apt. #, etc #207

City & State  
Ft Lauderdale, FL

Zip  
33308

Country  
USA

City & State  
Ft Lauderdale FL 33308

Zip  
33308

Country  
USA

4. FEI Number 59-0969221

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DRURY, JOHN  
5711 NE 22ND TERR  
FT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME DRURY, JOHN  
STREET ADDRESS 5711 NE 22ND TERR  
CITY-ST-ZIP FT LAUDERDALE FL

TITLE D  
NAME DRURY, MARIE  
STREET ADDRESS 5711 NE 22ND TERR  
CITY-ST-ZIP FT LAUDERDALE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 Section 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/06 954.776-0722