2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Aug 20, 2007 08:00 AM Secretary of State **DOCUMENT #256763** JACK DRURY AND ASSOCIATES, INC. Principal Place of Business Mailing Address 2800 EAST COMMERCIAL BLVD 2800 EAST COMMERCIAL BLVD FORT LAUDERDALE FL 33308 FORT LAUDERDALE FL 33308 2. Principal Place of Business - No P.O Box # 3. Marling Address Suite, Apt. #, etc. Suite, Apt #, etc. 2nd MOORE CR2E034 (4/07) City & State 4. FEI Number Applied For City & State 59-0969221 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DRURY, JOHN 5711 NE 22ND TERR Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL 33308 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 registers jent and trie if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE /S \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 5, 2007 tate fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE ☐ Delete TITLE Change Addition U00000772454 DRURY, JOHN 08/20/07-80004-015 550.00 STREET ADDRESS 5711 NE 22ND TERR STREET ADDRESS FT LAUDERDALE FL CiTY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete Change Addition DRURY, MARIE NAME NAME STREET ADDRESS 5711 NE 22ND TERR STREET ADDRESS CITY-ST-ZIP T LAUDERDALE FL CiTY-ST-7IP TITLE . Delete THLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP ☐ Change T Addition TITLE ☐ Delete TIFLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change Addition Delete NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 12. Thereby 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

SIGNATURE:

CITY-ST-ZIP

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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 eadless Mith all other like empowered.