

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90089 015 ***150.00

DOCUMENT # 302671

1. Entity Name

DRIFT-IN, INC.



Principal Place of Business

2709 CORTEZ ROAD, WEST
BRADENTON FL 34207

Mailing Address

2709 CORTEZ ROAD, WEST
BRADENTON FL 34207

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1143237**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SHERRICK, EDGAR S
3105 LAKE BAYSHORE DR
BRADENTON FL 34205

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, 2004 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 ☐ Delete
NAME SHERRICK, EDGAR S
STREET ADDRESS 3150 LAKE BAYSHORE DR
CITY-ST-ZIP BRADENTON FL

TITLE STD ☐ Delete
NAME SHERRICK, E JUNE
STREET ADDRESS 3150 LAKE BAYSHORE DR.
CITY-ST-ZIP BRADENTON FL

TITLE V ☒ Delete
NAME CUERVO, JOSEPH T
STREET ADDRESS 3909 HIGHLAND AVE
CITY-ST-ZIP BRADENTON FL

TITLE VD ☒ Delete
NAME CUERVO, JOSEPH T
STREET ADDRESS 3909 HIGHLAND AVE
CITY-ST-ZIP BRADENTON FL 34205

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Grant M. Thormeier
STREET ADDRESS 3718 Hemmeter Rd.
CITY-ST-ZIP Saginaw, MI 48603

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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: *Edgar S. Sherrick* EDGAR S. SHERRICK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-04

Date

941-753-5373

Daytime Phone #