



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 03, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 302671</b> 1. Entity Name <b>DRIFT-IN, INC.</b>					
Principal Place of Business <b>2709 CORTEZ ROAD, WEST BRADENTON FL 34207</b>				Mailing Address <b>2709 CORTEZ ROAD, WEST BRADENTON FL 34207</b>	
2. Principal Place of Business  Suite, Apt. #, etc. _____  City & State _____  Zip _____ Country _____		3. Mailing Address  Suite, Apt. #, etc. _____  City & State _____  Zip _____ Country _____		 1st MOORE CR2E034 (10/04)	
4. FEI Number <b>59-1143237</b> <div style="float: right; border: 1px solid black; padding: 2px;">         Applied For  <input type="checkbox"/> Not Applicable       </div>					
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <b>SHERRICK, EDGAR S 3105 LAKE BAYSHORE DR BRADENTON FL 34205</b> </div>					
7. Name and Address of New Registered Agent <div style="border: 1px solid black; padding: 5px; min-height: 100px;">         Name _____          Street Address (P.O. Box Number is Not Acceptable) _____          City <b>FL</b> Zip Code _____       </div>				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>	
<div style="border: 1px solid black; padding: 5px;"> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2005 Fee Will Be \$550.00</b>  <b>Make Check Payable to Florida Department of State</b> </div>					
9. Election Campaign Financing <b>\$5.00 May Be</b> Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b>					
10. OFFICERS AND DIRECTORS					
TITLE PD <input type="checkbox"/> Delete NAME SHERRICK, EDGAR S STREET ADDRESS 3150 LAKE BAYSHORE DR CITY-ST-ZIP BRADENTON FL		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div> <div style="text-align: center; font-size: 1.2em;">           000000250347            03/04/05-80007-013 150.00         </div> </div>			
TITLE STD <input type="checkbox"/> Delete NAME SHERRICK, E JUNE STREET ADDRESS 3150 LAKE BAYSHORE DR. CITY-ST-ZIP BRADENTON FL		<div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div> </div>			
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		<div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div> </div>			
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TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		<div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div> </div>			
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		<div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div> </div>			

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*

02-28-05 (941) 356-2852

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #