


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # 314190		
1. Entity Name DRIVE-IN THEATRES OF FLORIDA, INC.		

Principal Place of Business 2001 N. FEDERAL HWY. DELRAY BEACH, FL 33483 US	Mailing Address 701 PARK DRIVE WEST BOCA RATON, FL 33432 US
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1009327	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DOCKERY, N.S. 2001 N. FEDERAL HWY CONCESSION ANNEX #2 DELRAY BEACH, FL 33444	
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DO NOT WRITE
IN THIS SPACE

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.

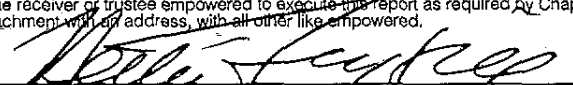
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TURBYFILL, NETTI 2001 N FED HWY DELRAY BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V TURBYFILL, TERRENCE 2001 N. FED HWY DELRAY BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD TURBYFILL, TERRENCE 2001 N. FED. HWY DELRAY BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TURBYFILL, THOMAS 2001 N. FEDERAL HWY DELRAY BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  DATE: 1/19/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR