

**2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 327804

**FILED**  
**Mar 16, 2007**  
**Secretary of State****Entity Name:** R. L. DREHER CONSTRUCTION, INC.**Current Principal Place of Business:**1518 US 19 HWY  
HOLIDAY, FL 34691**New Principal Place of Business:****Current Mailing Address:**1518 US 19 HWY  
HOLIDAY, FL 34691**New Mailing Address:****FEI Number:** 59-1226001**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**KOULIAS, DOLLY  
1306 FLOTILLA DR.  
HOLIDAY, FL 34690 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DREHER, ROBERT L  
Address: 1518 U.S. HWY. 19  
City-St-Zip: HOLIDAY, FL 34691

Title: VP ( ) Delete  
Name: KOULIAS, DOLLY  
Address: 1306 FLOTILLA DR.  
City-St-Zip: HOLIDAY, FL 34690

Title: SECY ( ) Delete  
Name: DAVIS, LYNN  
Address: 10930 FREEMONT DR.  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: DIR (X) Delete  
Name: DREHER, RODNEY R  
Address: 1518 US HWY 19  
City-St-Zip: HOLIDAY, FL 34690

Title: DIR (X) Delete  
Name: DREHER, RHONDA A  
Address: 1518 US HWY 19  
City-St-Zip: HOLIDAY, FL 34690

Title: DIR (X) Delete  
Name: DREHER, RANDOLPH S  
Address: 1518 US HWY 19  
City-St-Zip: HOLIDAY, FL 34690

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNN DAVIS

SECY

03/16/2007

Electronic Signature of Signing Officer or Director

Date