

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2008 08:00 AM
Secretary of State

DOCUMENT # 327804

1. Entity Name

R. L. DREHER CONSTRUCTION, INC.



Principal Place of Business

1518 US 19 HWY
HOLIDAY, FL 34691

Mailing Address

1518 US 19 HWY
HOLIDAY, FL 34691



04212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1226001

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

KOULIAS, DOLLY
1306 FLOTILLA DR.
HOLIDAY, FL 34690

**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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

05/08/08-80044-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DREHER, ROBERT L
STREET ADDRESS	1518 U.S. HWY. 19
CITY-ST-ZIP	HOLIDAY, FL 34691
TITLE	VP
NAME	KOULIAS, DOLLY
STREET ADDRESS	1306 FLOTILLA DR.
CITY-ST-ZIP	HOLIDAY, FL 34690
TITLE	SECY
NAME	DAVIS, LYNN
STREET ADDRESS	10930 FREEMONT DR.
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Lynn Davis, Secy. 4/22/08 727-937-2012