2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # 469608

1. Entity Name
DREYER ASSOCIATES, INC.

Principal Place of Business	Mailing Address
1004 VENETIAN BLVD., P.O. BOX 252 ISLAMORADA, FL 33036-0252	1004 VENETIAN BLVD., P.O. BOX 252 ISLAMORADA, FL 33036-0252

04012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1588143
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DREYER, JOHN A
2749 ST THOMAS DR
PUNTA GORDA, FL 33950

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 John A Dreyer John A DREYER PRESIDENT 4/6/2005
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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

100000295998
04/09/05-80049-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DREYER, JOHN A.
STREET ADDRESS	1004 VENETIAN BLVD.,
CITY-ST-ZIP	ISLAMORADA, FL
TITLE	D
NAME	DREYER, ANNA LOIS
STREET ADDRESS	1004 VENETIAN BLVD.
CITY-ST-ZIP	ISLAMORADA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: John A Dreyer John A DREYER PRESIDENT 4/6/2005 9416395414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #