


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2007 08:00 AM
Secretary of State

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|--|---|
| DOCUMENT # 469608 1. Entity Name DREYER ASSOCIATES, INC. |  |
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| Principal Place of Business 1004 VENETIAN BLVD., P.O. BOX 252 ISLAMORADA FL 33036-0252 | Mailing Address 1004 VENETIAN BLVD., P.O. BOX 252 ISLAMORADA FL 33036-0252 |
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|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

1st MOORE CR2E034 (10/06)

| | |
|---|--|
| 4. FEI Number 59-1588143 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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|--|--|
| 6. Name and Address of Current Registered Agent DREYER, JOHN A 2749 ST THOMAS DR PUNTA GORDA FL 33950 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City |
|--|--|

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

| | |
|--|------------------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|--|------------------------------------|

| 10. OFFICERS AND DIRECTORS | | | | | | | | | | | | | |
|--|--|--|---------------------------------|--|---------------------------------|--|---------------------------------|--|---------------------------------|--|---------------------------------|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <table border="0" style="width: 100%;"> <tr> <td style="width: 80%;"> PD DREYER, JOHN A. 1004 VENETIAN BLVD., ISLAMORADA FL </td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td> D DREYER, ANNA LOIS 1004 VENETIAN BLVD. ISLAMORADA FL </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> </table> | PD DREYER, JOHN A. 1004 VENETIAN BLVD., ISLAMORADA FL | <input type="checkbox"/> Delete | D DREYER, ANNA LOIS 1004 VENETIAN BLVD. ISLAMORADA FL | <input type="checkbox"/> Delete | | <input type="checkbox"/> Delete | | <input type="checkbox"/> Delete | | <input type="checkbox"/> Delete | | <input type="checkbox"/> Delete |
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| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | | | | | | | | | | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <table border="0" style="width: 100%;"> <tr> <td style="width: 80%;"> U00000627305 02/15/07-80055-003 150.00 </td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table> | U00000627305 02/15/07-80055-003 150.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: John A Dreyer **John A DREYER** 2/6/07 9416395414

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #