

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2005 8:00 am
Secretary of State

08-29-2005 90143 039 ***150.00

DOCUMENT # 626982

1. Entity Name
JIM DREHER, INC.



Principal Place of Business
**3119 BLUFF BLVD
HOLIDAY, FL 34691 US**

Mailing Address
**PO BOX 102
NEW PORT RICHEY, FL 34656**

50063712



2. Principal Place of Business
123 E. TARPON AVE.

3. Mailing Address
123 E. TARPON AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08152005 Chg-P CR2E034 (10/03)

City & State
TARPON SPRINGS, FL

City & State
TARPON SPRINGS, FL

4. FEI Number
59-2062390

Applied For
Not Applicable

Zip
34689

Country
USA

Zip
34689

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DREHER, JAMES
3119 BLUFF BLAD
HOLIDAY, FL 34691**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
DREHER, JAMES
3119 BLUFF BLVD.
HOLIDAY, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/15/05

Date

Daytime Phone #

ATTACHMENT
50063712
J. S. BAILLIE, JR.
CERTIFIED PUBLIC ACCOUNTANT
2153 GRAND BLVD.
HOLIDAY, FL 34690
(727) 937-6650

August 15, 2005

Florida Secretary of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Jim Dreher, Inc.
Document #626982

Gentlemen:

Enclosed please find the following documents:

1. Original signed copy of 2005 for Profit Corporation Annual Report
2. Check #1935 in the amount of \$150.00

Please revise your records to reflect the address corrections for the principal place of business and mailing address.

Please direct all future correspondence to the 123 E. Tarpon Avenue, Tarpon Springs, FL 34689 address.

Sincerely,

J. S. BAILLIE, JR.
CERTIFIED PUBLIC ACCOUNTANT



Judy Spriggs

Enclosures

:js