


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.

08152005 Chg-P CR2E034 (10/03)

City & State
TARPON SPRINGS, FL

City & State
TARPON SPRINGS, FL

Zip
34689

Country
USA

4. FEI Number
59-2062390

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

DREHER, JAMES
3119 BLUFF BLAD
HOLIDAY, FL 34691

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ **08/15/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 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

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