2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2007 8:00 am
Secretary of State
05-16-2007 90013 041 ***150.00

DOCUMENT # 626982

1. Entity Name
JIM DREHER, INC.

Principal Place of Business	Mailing Address
123 E TARPON AVE TARPON SPRINGS, FL 34689 US	123 E TARPON AVE TARPON SPRINGS, FL 34689 US

05122007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3119 Bluff Blvd	PO. Box 1102
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Holiday, Fl	City & State: Tarpon Springs Fl
Zip: 36969 Country: USA	Zip: 34688 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: James Dreher
Street Address (P.O. Box Number is Not Acceptable): 3119 Bluff Blvd
City: Holiday, Fl FL Zip Code 34691

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 5/11/07
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 14, 2007 | 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	PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DREHER, JAMES		NAME	
STREET ADDRESS	3119 BLUFF BLVD.		STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY, FL		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
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CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: ______ James Dreher 5/11/07 727-992-8482
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #