


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90088 011 ***150.00

DOCUMENT # 670533
 1. Entity Name
DREXLER ENTERPRISES, INC.



Principal Place of Business Mailing Address
3113-D BROADPOINT DR. **3113-D BROADPOINT DR.**
HARBOR HEIGHTS FL 33983 **HARBOR HEIGHTS FL 33983**

50021790



1st MOORE CR2E034 (10/04)

2. Principal Place of Business 3. Mailing Address
3057 KINGSTON ST. **P.O. Box 494129**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Port Charlotte, FL **Port Charlotte, FL**
 Zip Country Zip Country
33952 **Charlotte** **33949-4129** **Charlotte**

4. FEI Number Applied For
59-1999978 Not Applicable

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

6. Name and Address of Current Registered Agent
DREXLER, FRED
3113-D BROADPOINT DR.
HARBOR HEIGHTS FL 33983

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
3057 KINGSTON STREET
 City State Zip Code
Port Charlotte **FL** **33952**

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
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DREXLER, FRED	
STREET ADDRESS	3057 KINGSTON	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DREXLER, JOYCE	
STREET ADDRESS	3057 KINGSTON	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Fred R Drexler Date: 941 627 4441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #