

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 16, 2009
Secretary of State**

DOCUMENT# 711450

Entity Name: DRUID ALTOR, INC.

Current Principal Place of Business:

1501 S. PRESCOTT AVENUE
CLEARWATER, FL 33756

New Principal Place of Business:

Current Mailing Address:

2016 OAKADIA DRIVE
CLEARWATER, FL 33764

New Mailing Address:

FEI Number: 23-7000765

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIGNORINI, JEFF S
2016 OAKADIA DRIVE
CLEARWATER, FL 33764 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SIGNORINI, TONY
Address: 1501 S. PRESCOTT AVENUE
City-St-Zip: CLEARWATER, FL 33756

Title: VSD () Delete
Name: SIGNORINI, JEFF
Address: 2016 OAKADIA DRIVE
City-St-Zip: CLEARWATER, FL 33764

Title: TD () Delete
Name: PREMUR, TERESA
Address: 3094 OXBOW COURT
City-St-Zip: CLEARWATER, FL 33761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFF SIGNORINI

VSD

01/16/2009

Electronic Signature of Signing Officer or Director

Date