2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F67302

1. Entity Name
DREWS UPHOLSTERING, INCORPORATED

Principal Place of Business	Mailing Address
6901 49 AVE N ST. PETERSBURG, FL 33709	6901 49 AVE N ST. PETERSBURG, FL 33709

DO NOT WRITE IN THIS SPACE

4UU539U

01172005   No Chg-P   CR2E034 (10/03)

4. FEI Number 59-2183589	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

SCHULER, GARY EDMUND
6901 - 49TH AVENUE NORTH
ST. PETERSBURG, FL 33709

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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
After May 1, 2005 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	SCHULER, GARY EDMUND
STREET ADDRESS	6801 49TH AVE NORTH
CITY-ST-ZIP	ST PETERSBURG, FL 00000,

TITLE	
NAME	
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CITY-ST-ZIP	

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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   Date   Daytime Phone #