

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90001 006 ***150.00

DOCUMENT # F96000001094

1. Entity Name
DRENDEL, INC.



Principal Place of Business
**1 N. OLD STATE CAPITOL PLAZA, #501
SPRINGFIELD, IL 62701**

Mailing Address
**1 N. OLD STATE CAPITOL PLAZA, #501
SPRINGFIELD, IL 62701**

54014945



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01282004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

37-1349948

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SALVATORI, LEO J
4501 TAMiami TRAIL NORTH
SUITE 300
NAPLES, FL 33940-3060**

7. Name and Address of New Registered Agent

Name **NAPLES-LAWDOCK, INC.**

Street **c/o Kimberly Leach Johnson**

1395 Panther Lane Ste 300

City **Naples**

FL Zip Code **34109-7874**

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

Kimberly Leach Johnson, Secretary 2/25/04

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PDC** ☐ Delete
NAME **NELSON, DONNA L**
STREET ADDRESS **1100 ORENDORFF PKWY.**
CITY-ST-ZIP **SPRINGFIELD, IL 62704**

TITLE **SD** ☐ Delete
NAME **BUECKER, JANICE L**
STREET ADDRESS **1550 S. KOKE MILL RD.**
CITY-ST-ZIP **SPRINGFIELD, IL 62707**

TITLE **TD** ☐ Delete
NAME **DRENDEL, LEE S**
STREET ADDRESS **3100 OLD JACKSONVILLE RD.**
CITY-ST-ZIP **SPRINGFIELD, IL 62704**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: **Donna L. Nelson President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 16, 2004 (217) 787-4184

Date Daytime Phone #

Donna L. Nelson, President