



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90055 039 \*\*\*150.00

<b>DOCUMENT # F96000001094</b> 1. Entity Name <b>DRENDEL, INC.</b>					
Principal Place of Business <b>1 N. OLD STATE CAPITOL PLAZA, #501 SPRINGFIELD, IL 62701</b>			Mailing Address <b>1 N. OLD STATE CAPITOL PLAZA, #501 SPRINGFIELD, IL 62701</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		01232006    Chg-P    CR2E034 (11/05)	
Zip    Country		Zip    Country		4. FEI Number <b>37-1349948</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>NAPLES-LAWDOCK, INC. % KIMBERLY LEACH JOHNSON 1395 PANTHER LANE STE 300 NAPLES, FL 34109-7874</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC NELSON, DONNA L 1100 ORENDORFF PKWY. SPRINGFIELD, IL 62704	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BUECKER, JANICE L 1550 S. KOKE MILL RD. SPRINGFIELD, IL 62707	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DRENDEL, LEE S 3100 OLD JACKSONVILLE RD. SPRINGFIELD, IL 62704	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/C/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/C/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/C/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/C/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>Donna Nelson President</u> <u>1/25/06</u> <u>217-787-4184</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					

# ATTACHMENT

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February 3, 2006

Division of Corporations  
Uniform Business Report Filings  
Post Office Box 1500  
Tallahassee, Florida 32302-1500

Re: State of Florida Profit Corporation  
2006 Uniform Business Report: Drendel, Inc.

Ladies and Gentlemen:

Enclosed please find the State of Florida 2006 Uniform Business Report for Drendel, Inc. and payment in the amount of \$150.00. Please file stamp the enclosed copy and return it to me in the enclosed envelope.

Yours truly,

HART, SOUTHWORTH & WITSMAN

By: Richard E. Hart  
Richard E. Hart

REH:ss

Enclosures