


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90055 032 \*\*\*150.00

DOCUMENT # F96000001094 1. Entity Name DRENDEL, INC.	
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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
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**DO NOT WRITE IN THIS SPACE**

400110000



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 37-1349948	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NAPLES-LAWDOCK, INC.  
% KIMBERLY LEACH JOHNSON  
1395 PANTHER LANE STE 300  
NAPLES, FL 34109-7874

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSCD NELSON, DONNA L 18 ISLAND BAY LANE SPRINGFIELD, IL 62712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DRENDEL, LEE S 3100 OLD JACKSONVILLE RD. SPRINGFIELD, IL 62704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Donna L. Nelson (217) 787-4184  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Donna L. Nelson, President