FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 91231 020 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G03717

1. Entity Name
DREW REID, INC.

Principal Place of Business	Mailing Address
2560-B PANTHER CREEK RD TALLAHASSEE, FL 32308 US	2560-B PANTHER CREEK RD TALLAHASSEE, FL 32308 US

04282004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
P.O. BOX 120276	P.O. BOX 120276
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Nashville, TN	City & State: NASHVILLE, TN
Zip: 37212-0276 Country:	Zip: 37212-0276 Country:

4. FEI Number: 59-2232913 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NEWTON, JOHN D.C., II
629 INGELSIDE AVE.
TALLAHASSEE, FL 32303

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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 ______________________________ DATE ________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PS ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	REID, ANDREW H.	NAME	
STREET ADDRESS	2560-B PANTHER CREEK RD	STREET ADDRESS	P.O. BOX 120276
CITY-ST-ZIP	TALLAHASSEE, FL 32308	CITY-ST-ZIP	Nashville, TN 37212-0276
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Andrew H. Reid, Pres.-Sec. 4/29/04 850-219-1805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #