


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT # J85865	
1. Entity Name DRSI ENTERPRISES INC.	

Principal Place of Business 2568 FRISCO DR CLEARWATER, FL 33761	Mailing Address 2519 MCMULLEN BOOTH RD STE 510-852 CLEARWATER, FL 33761
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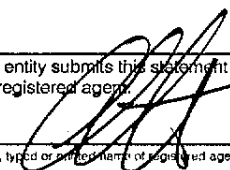
01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2836509	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DEMARTINI, ANDREW E 2519 MCMULLEN BOOTH ROAD STE 510-352 CLEARWATER, FL 33761

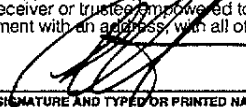
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE: 1/11/05

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000179205 01/13/05-80009-001 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEMARTINI, ANDREW E. 2568 FRISCO DR CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEMARTINI, GRETCHEN A. 2568 FRISCO DR CLEARWATER, FL 33761
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:  A. DEMARTINI DATE: 1/11/05 727 647 1588 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #