

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

04 JUN -9 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600037846386

06/10/04--01053--005 **400.00



04132004 No Chg-P CR2E034 (10/03)

DOCUMENT # L85661

1. Entity Name
THE DRIFTWOOD CORPORATION OF OCALA



Principal Place of Business

9220 BONITA BEACH ROAD
SUITE 109
BONITA SPRINGS, FL 34135 US

Mailing Address

9220 BONITA BEACH ROAD
SUITE 109
BONITA SPRINGS, FL 34135 US

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0209782

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FREY, BARRY M
9220 BONITA BEACH RD, #109
BONITA SPRINGS, FL 34135

**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.

600037846386

06/10/04--01053--006 **150.00

SIGNATURE

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	PD
NAME	FREY, M. WILLIAM
STREET ADDRESS	9220 BONITA BEACH RD., SUITE 109
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	DVTS
NAME	FREY, BARRY E.
STREET ADDRESS	9220 BONITA BEACH ROAD, SUITE 109
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #