

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90217 047 \*\*\*158.75

**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**



03072007 No Chg-P CR2E034 (11/05)

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**

**HILL, MICHAEL  
SHEPPARD, BRETT, STEWART, HERSH, & KINSEY  
9100 COLLEGE POINTE CT  
FORT MYERS, FL 33919**

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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

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, 2007 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	

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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:**

**Barry E. Frey**

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR