

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # M03000000931

1. Entity Name  
NAPCO DRIVE, LLC



Principal Place of Business  
4102 SMOKEY PINES COURT  
FORT PIERCE, FL 34951

Mailing Address  
4102 SMOKEY PINES COURT  
FORT PIERCE, FL 34951



03262005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
06-1614593

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

DROUIN, TERRANCE  
4102 SMOKEY PINES COURT  
FORT PIERCE, FL 34951

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

U00000292611  
04/07/05-80078-015 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
DROUIN, TERRANCE K  
4102 SMOKEY PINES COURT  
FORT PIERCE, FL 34951

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
DROUIN, AVIS T  
4102 SMOKEY PINES COURT  
FORT PIERCE, FL 34951

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-4-05

Date

Daytime Phone #