2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # NOODOOOGA



FILED Apr 14, 2004 8:00 am

I. Entity Nam DRIFTWO	MENT # N99000002 DOD PLAZA PHASE II CONI ITIGM, INC.			04-14-2004 90021 049 ****61.25			
Principal Place of Business 3830 HWY A1A S 12 MELBOURNE BEACH, FL 32951		Mailing Address 3830 HWY A1A S 12 MELBOURNE BEACH, FL 32951		ママリスコリス June 1987 (1987) (19			
2. Principal Place of Business 3		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04092004 Chg-NP	CR2E037 (10/03)		
City & State		City & State		4. FEI Number 59-3584852	Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desir	ed S8.75 Ad Fee Require		
PLANK, RG 3830 S A1, STE 3 MELBOUR		egistered Agent	Name Dr. Street Address 383 City 11e	Street Address (P.O. Box Number is Not Acceptable) 3830 Hwy AIA, Unit 12			
8. The above the obligated SIGNATURE	named entity submits this statement for ions of registered agent. Southure, typed or printed name of registered agent as Filling Fee is \$61.25 Due by May 1, 2004	nd ittle of applicable. (NOTE	:: Registered Agent signature requirence in paign Financing	4/12	of Florida. I am familiar with DATE Make check payable I Florida Department of S	30	
10.	OFFICERS AND DIR	ECTORS	11.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN	N 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PLANK, RON 3830 HWY A1AS UNIT 3 MELBOURNE BEACH, FL 32951	Delete	NAME STREET ADDRESS CITY-ST-ZIP	D Nige Schult 130 Hwy AIA, Libourne Bch	. Channe	Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP	VD REYNOLDS, DONALD 5830 AIA S. UNIT 11 MELBOURNE BEACH, FL 32951	Delete	NAME STREET ADDRESS	D Ed Mosley 4 Bayshore Dri Clbourne Bch,	□ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PLANK, SUE 3830 HWY A1A S UNIT 3 MELBOURNE BEACH, FL 32951	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Brett C-Rey 30 HWY AIA 1600 CAE BU	nolds Unit!	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET AODRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo , or on an attachment with an address, w	true and accurate and that r wered to execute this report	ny signature shall have the as required by Chapter 6	e same legal effect as if made u	nder oath; that I am an office	r or director	

4/12/04