2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 08:00 A
Secretary of State

	ANNUAL	KEPOKI			1416	iy 00, 20	, OG
DOCU	MENT # P00000300				Secreta	ry of Si	
	DRIFT INN, INC.						
Principal Plac	ce of Business	Mailing Address	· !				
1907 N. 66 HOLLYWOOL	TH AVENUE D, FL 33024	1907 N. 66TH AVENUE HOLLYWOOD, FL 33024					
}							
	O NOT WRITE	CF	04262007		CR2E034 (11	····	
			-	4. FEI Numb 65-092			Applied For Not Applicable
				5. Certificate	e of Status Desired	□ \$8.75 Fee Re	Additional equired
	6. Name and Address of Current Reg				·		
	FREDERICK 6TH AVENUE		DO	NOT W	RITE		
_	OOD, FL 33024				THIS SF		
				114	inio or	ACL	
8. The above	e named entity submits this statement for the	e purpose of changing its register	ed office or regis	stered agent, or bo	oth, in the State of Flo	orida. I am familiar	with, and accept
_	tions of registered agent.						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registere			ed Agent signature requ	ared when reinstating)		DATE	
FILE NOWIN FEE IS \$450.00 9. Election Campaign Final			ncina \$	5.00 May Be		0759505 -80045-021	150 AN
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Trust Fund Contribution.	· · · · · · · · · · · · · · · · · · ·		00/67/91	~ 00040~061	150.90
10.	OFFICERS AND DIR	ECTORS	1		,	<u> </u>	
TITLE NAME	P BUTRIM, FREDERICK		•				
STREET ADDRESS	1907 N. 66TH AVE		Ī				
CITY-ST-ZIP	HOLLYWOOD, FL 33024						
TITLE							
NAME STREET ADDRESS							
CITY-ST-ZIP							
TITLE		· ····	1				
NAME			1				
STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE			1	INI "	THIS SP		
NAME			i	· 117	I IIIO OF	ACE	
STREET ADDRESS CITY-ST-ZIP							
TITLE			-				
NAME							
STREET ADDRESS			ı				

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 empawered 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:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

428-07

Daylime Phone #