


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 12, 2004 8:00 am**  
**Secretary of State**

01-12-2004 90023 027 \*\*\*150.00

**DOCUMENT # P0000047419**

1. Entity Name  
 CONSTANCE B. DRURY, P.A.



Principal Place of Business  
 526 ORCHARD CIR.  
 HENDERSONVILLE, NC 28739

Mailing Address  
 526 ORCHARD CIR.  
 HENDERSONVILLE, NC 28739

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01072004 Chg-P CR2E034 (10/03)

4. FEI Number  
 65-1007118

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 DRURY, CONSTANCE B  
 3881 NE SUGAR HILL AVENUE  
 JENSEN BEACH, FL 34957

7. Name and Address of New Registered Agent  
 Name DRURY, CONSTANCE  
 Street Address (P.O. Box Number is Not Acceptable)  
6315 GAGE PLACE  
 City MIAMI LAKES FL Zip Code 33014

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 Constance Drury Pres DATE 1-5-04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>DRURY, CONSTANCE B</u> <u>526 ORCHARD CIR.</u> <u>HENDERSONVILLE, NC 28739</u> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Constance Drury Pres DATE 1-5-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR