

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000050488

1. Entity Name
DRY UP INC.



Principal Place of Business
849 ORANGE BLOSSON DRIVE
MELBOURNE, FL 32935

Mailing Address
849 ORANGE BLOSSON DRIVE
MELBOURNE, FL 32935

FILED
Mar 12, 2005 08:00 AM
Secretary of State



03082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3648136

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUTTON, JOHN
849 ORANGE BLOSSON DRIVE
MELBOURNE, FL 32935

**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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BUTTON, JOHN W
STREET ADDRESS	849 ORANGE BLOSSON DRIVE
CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	V
NAME	MCVEY, SHANNON L
STREET ADDRESS	2601 QUEBEC AVE
CITY-ST-ZIP	MELBOURNE, FL 32935
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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03/14/05-80047-021 158.75

**DO NOT WRITE
IN THIS SPACE**

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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN BUTTON

3-8-05

321-223-5066

Date

Daytime Phone #