


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90062 020 \*\*\*150.00

<b>DOCUMENT # P01000048648</b>	
1. Entity Name <b>DRN INVESTMENTS, INC.</b>	

Principal Place of Business <b>1567 BLANDING BLVD. JACKSONVILLE FL 32210</b>	Mailing Address <b>1567 BLANDING BLVD. JACKSONVILLE FL 32210</b>
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2. Principal Place of Business <b>15622 HOWARD RD</b>	3. Mailing Address <b>15622 HOWARD RD.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>BRYCEVILLE, FL</b>	City & State <b>BRYCEVILLE, FL.</b>
Zip <b>32009</b>	Zip <b>32009</b>
Country <b>NASSAU</b>	Country <b>NASSAU</b>

4. FEI Number <b>59-3728461</b>		Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
7. Name and Address of New Registered Agent		
Name <b>RONALD L. MULLIS</b>		
Street Address (P.O. Box Number is Not Acceptable) <b>15622 HOWARD RD.</b>		
City <b>BRYCEVILLE</b>	FL	Zip Code <b>32009</b>

6. Name and Address of Current Registered Agent <b>MULLIS, RONALD L. 1567 BLANDING BLVD. JACKSONVILLE FL 32210</b>	
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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 <i>Ronald L. Mullis</i>	DATE <b>2-5-06</b>

<b>FILE NOW!!! FEE IS \$150.00.</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PVST</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>PVST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MULLIS, RONALD L.</b>		NAME <b>RONALD L. MULLIS</b>	
STREET ADDRESS <b>1567 BLANDING BLVD.</b>		STREET ADDRESS <b>15622 HOWARD RD</b>	
CITY-ST-ZIP <b>JACKSONVILLE FL 32210</b>		CITY-ST-ZIP <b>BRYCEVILLE, FL 32009</b>	
TITLE <b>VP</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>TODD, BRENDA M.</b>		NAME <b>BRENDA M. TODD</b>	
STREET ADDRESS <b>1567 BLANDING BLVD.</b>		STREET ADDRESS <b>15622 HOWARD RD.</b>	
CITY-ST-ZIP <b>JACKSONVILLE FL 32210</b>		CITY-ST-ZIP <b>BRYCEVILLE, FL 32009</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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.	
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SIGNATURE: <i>Ronald L. Mullis</i>	DATE: <b>2-5-06</b>	DAYTIME PHONE #: <b>904-226-2534</b>
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