

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 22, 2004 08:00 AM
Secretary of State**

DOCUMENT # P01000049546

**1. Entity Name
BRUCE DRUMMOND & COMPANY INC.**



Principal Place of Business

**7316 MANATEE AVE. WEST, UNIT 298
BRADENTON, FL 34209**

Mailing Address

**7316 MANATEE AVE. WEST, UNIT 298
BRADENTON, FL 34209**



03122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
65-1112568**

**Applied For
Not Applicable**

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

6. Name and Address of Current Registered Agent

**DRUMMOND, BRUCE
6928 ARBOR OAKS CIRCLE
BRADENTON, FL 34209**

**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, 2004 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution. ☐**

**\$5.00 May Be
Added to Fees**

**U000000093854
03/22/04-80035-023 150.00**

10. OFFICERS AND DIRECTORS

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
DRUMMOND, BRUCE A
7316 MANATEE AVE. WEST, UNIT 298
BRADENTON, FL 34209**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**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 like empowered.

SIGNATURE: *Bruce Drummond* BRUCE DRUMMOND

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-04 (941) 794-8916

Date

Daytime Phone #