


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90013 049 ***150.00

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
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2. Principal Place of Business 7322 MANATEE AVE WEST #298 Suite, Apt. #, etc.	3. Mailing Address 7322 MANATEE AVE WEST #298 Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/05)

City & State BRADENTON, FL	City & State BRADENTON, FL
Zip 34209	Zip 34209
Country MANATEE	Country MANATEE

4. FEI Number 65-1112568	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DRUMMOND, BRUCE 6928 ARBOR OAKS CIRCLE BRADENTON FL 34209	
7. Name and Address of New Registered Agent Name BRUCE DRUMMOND Street Address (P.O. Box Number is Not Acceptable) 7322 MANATEE AVE WEST #298 City BRADENTON FL Zip Code 34209	

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 *Bruce Drummond, BRUCE DRUMMOND* 2-1-06
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, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DRUMMOND, BRUCE A 7316 MANATEE AVE. WEST, UNIT 298 BRADENTON FL 34209 <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 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.

SIGNATURE: *Bruce Drummond, BRUCE DRUMMOND* 2-1-06 (941) 794-8916
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #